

Phonak Service Form

Step 1: Customer Information

Shipping to Account Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Billing Account Number: _____
Repair Date: _____

Step 2: General Information

Clinic Contact: _____
Phone Number: _____
Email Address: _____
Patient: _____
Patient is under 21 years of age (check box if yes)
Third Party Patient Number: _____
Purchase Order Number: _____

Phone number required for shipping directly to patient or school. We're unable to ship to a P.O. Box. Additional charge for shipping directly to the patient. If the patient's settings cannot be restored we will ship back to the sender.

Step 5: Reason for Service

Dead
 Clean and functional check
 High battery drain
 Device will not charge
 Intermittent
 Weak
 Broken receiver
 Wax system broken
 Distorted
 Noisy – static / hissing
 Other _____

Step 7: Notes, description of problem, items sent with repair

Step 3: Device Information

Serial Number(s): _____

 Hearing instrument is not included in this repair

Is RogerDirect installed in the device?

Yes No

If yes, please select the install method:

Roger X (02) – Pediatric
 Roger iN Microphone or Roger X (03) – Home/Work/University

Step 4: Service Plan Options

24-Hour Service Option [Rush24] \$64.99; 24-hour service is not guaranteed during holidays; additional fee applies

Warranty (see Phonak Price & Reference Guide for costs):

In-warranty Over 5 years
 6m warranty and repair Remake – additional charge
 12m warranty and repair

Step 6: Reason for Remake

Broken – shell
 Broken – lock
 Request – change vent size
 Fit – too loose / moving in the ear
 Fit – shell too tight
 Fit – too loose / poor retention
 Fit – too big
 Fit – shell protruding / cosmetics
 Fit – hurts where marked
 Fit – shell tip too short

NOTE: Please mark impressions/hearing aid as needed