

SERVICE FORM

1.800.392.9932 FAX 888-768-1867

BILL TO		Acc't #:											
Office:		_____											
Address:		_____											
Address:		_____											
City/State:		_____											
Zip:		_____					P.O. _____						
SHIP TO		Acc't #:											
Date:		_____					Phone: _____						
Contact name:		_____											
Email:		_____											
Facility:		_____											
Address:		_____											
Address:		_____											
City/State:		_____											
Zip:		_____					RACHAP <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> INDIAN HEALTH <input type="checkbox"/> CHOICE <input type="checkbox"/> TRICARE <input type="checkbox"/> OTHER <input type="checkbox"/>						

1

PATIENT DATA:

Patient's name: _____ SSN: _____

LAST: _____

FIRST: _____

Instrument serial numbers:

LEFT: _____

RIGHT: _____

2

SERVICE REQUESTED:

L	R	
<input type="checkbox"/>	<input type="checkbox"/>	In-warranty repair or remake
<input type="checkbox"/>	<input type="checkbox"/>	Out-of-warranty repair or remake (chargeable)
<input type="checkbox"/>	<input type="checkbox"/>	Loss & Damage claim
<input type="checkbox"/>	<input type="checkbox"/>	Return for Credit

REPAIR

L	R		L	R	
<input type="checkbox"/>	<input type="checkbox"/>	Dead 3061	<input type="checkbox"/>	<input type="checkbox"/>	Option/Control missing 3056
<input type="checkbox"/>	<input type="checkbox"/>	Intermittent 3062	<input type="checkbox"/>	<input type="checkbox"/>	Feedback 3068
<input type="checkbox"/>	<input type="checkbox"/>	Weak 3063	<input type="checkbox"/>	<input type="checkbox"/>	Clean and check 3046
<input type="checkbox"/>	<input type="checkbox"/>	Distortion 3064	<input type="checkbox"/>	<input type="checkbox"/>	Poor VC taper 4899
<input type="checkbox"/>	<input type="checkbox"/>	Noisy/Static 3065	<input type="checkbox"/>	<input type="checkbox"/>	Add option 3033
<input type="checkbox"/>	<input type="checkbox"/>	High drain/ Short battery life 3060	<input type="checkbox"/>	<input type="checkbox"/>	Battery door problem 3024
<input type="checkbox"/>	<input type="checkbox"/>	Battery 3059	<input type="checkbox"/>	<input type="checkbox"/>	Program switch bad 3057
<input type="checkbox"/>	<input type="checkbox"/>	Programming problems 3075	<input type="checkbox"/>	<input type="checkbox"/>	Ear-to-ear not working 3076
<input type="checkbox"/>	<input type="checkbox"/>	Fades 3071	<input type="checkbox"/>	<input type="checkbox"/>	Wireless connectivity 3073
<input type="checkbox"/>	<input type="checkbox"/>	Option/Control not functioning 3057	<input type="checkbox"/>	<input type="checkbox"/>	Damaged/ Defective accessory 3028
			<input type="checkbox"/>	<input type="checkbox"/>	Other (specify in comments below)

REMAKE

L	R		L	R	
<input type="checkbox"/>	<input type="checkbox"/>	Feedback 3068	<input type="checkbox"/>	<input type="checkbox"/>	Damaged 3027
<input type="checkbox"/>	<input type="checkbox"/>	Loose fit 3011	<input type="checkbox"/>	<input type="checkbox"/>	Wrong/Change color 3002
<input type="checkbox"/>	<input type="checkbox"/>	Tight fit 3012	<input type="checkbox"/>	<input type="checkbox"/>	Lengthen canal 3016
<input type="checkbox"/>	<input type="checkbox"/>	Occlusion 3072	<input type="checkbox"/>	<input type="checkbox"/>	Shorten canal 3015
<input type="checkbox"/>	<input type="checkbox"/>	Protrudes 3014	<input type="checkbox"/>	<input type="checkbox"/>	Change vent size 11104
<input type="checkbox"/>	<input type="checkbox"/>	Hurts/Sore (mark location) 3013	<input type="checkbox"/>	<input type="checkbox"/>	Model change or circuit change 3035
<input type="checkbox"/>	<input type="checkbox"/>	Works out of ear 3011	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify in comments below)

RETURN FOR CREDIT

L	R		L	R	
<input type="checkbox"/>	<input type="checkbox"/>	Did not benefit 7199	<input type="checkbox"/>	<input type="checkbox"/>	Too many repairs/remakes 9299
<input type="checkbox"/>	<input type="checkbox"/>	Preferred old device 12201	<input type="checkbox"/>	<input type="checkbox"/>	Duplicate order 6706
<input type="checkbox"/>	<input type="checkbox"/>	Preferred competitor's model 2012	<input type="checkbox"/>	<input type="checkbox"/>	Dissatisfied 7199
<input type="checkbox"/>	<input type="checkbox"/>	Could not adjust/manage device 7199	<input type="checkbox"/>	<input type="checkbox"/>	Discomfort 3199
<input type="checkbox"/>	<input type="checkbox"/>	Damaged 6101	<input type="checkbox"/>	<input type="checkbox"/>	Too many problems 7106
<input type="checkbox"/>	<input type="checkbox"/>	Illness/Death 2014	<input type="checkbox"/>	<input type="checkbox"/>	Changed model/color 12201
<input type="checkbox"/>	<input type="checkbox"/>	Feedback 3068	<input type="checkbox"/>	<input type="checkbox"/>	Ordered in error 12701
			<input type="checkbox"/>	<input type="checkbox"/>	Other (specify in comments below)

Z-POWER ACCESSORIES

SN or Lot# _____ Fit Date: _____

L	R	
<input type="checkbox"/>	<input type="checkbox"/>	Battery Door Module <input type="checkbox"/> Charger
<input type="checkbox"/>	<input type="checkbox"/>	Battery

4

COMMENTS:

(Please print clearly)

5

MATERIALS:

PLEASE SEND: Impression boxes Shipping labels

