

SERVICE FORM

1-800-392-9932 FAX 952-852-1990

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
- ACTIVE DUTY
- INDIAN HEALTH
- OTHER

1 PATIENT DATA:

Patient's name: _____ SSN:

LAST:

FIRST:

Instrument serial numbers:

LEFT:

RIGHT:

2 SERVICE REQUESTED:

L R

- In-warranty repair or remake
- Out-of-warranty repair or remake (chargeable)
- Loss & Damage claim
- Return for Credit

3 SERVICE INFORMATION:

REPAIR

- | | | | | | |
|------------|---|---|------------|---|--|
| L R | <input type="checkbox"/> <input type="checkbox"/> | Dead ⁴⁰⁰ | L R | <input type="checkbox"/> <input type="checkbox"/> | Option/Control missing ⁴¹³ |
| | <input type="checkbox"/> <input type="checkbox"/> | Intermittent ⁴⁰¹ | | <input type="checkbox"/> <input type="checkbox"/> | Internal feedback ⁴¹⁴ |
| | <input type="checkbox"/> <input type="checkbox"/> | Weak ⁴⁰² | | <input type="checkbox"/> <input type="checkbox"/> | Clean and check ⁴⁴⁰ |
| | <input type="checkbox"/> <input type="checkbox"/> | Distortion ⁴⁰⁴ | | <input type="checkbox"/> <input type="checkbox"/> | Poor VC taper ⁴⁴¹ |
| | <input type="checkbox"/> <input type="checkbox"/> | Noisy/Static ⁴⁰⁵ | | <input type="checkbox"/> <input type="checkbox"/> | Add option ⁴⁴⁵ |
| | <input type="checkbox"/> <input type="checkbox"/> | High drain/Short battery life ⁴⁰⁶ | | <input type="checkbox"/> <input type="checkbox"/> | Battery door problem ⁴⁴⁶ |
| | <input type="checkbox"/> <input type="checkbox"/> | Programming problems ⁴⁰⁸ | | <input type="checkbox"/> <input type="checkbox"/> | Program switch bad ⁴⁹¹ |
| | <input type="checkbox"/> <input type="checkbox"/> | Fades ⁴⁰⁹ | | <input type="checkbox"/> <input type="checkbox"/> | Other (specify in comments below) ⁴²⁶ |
| | <input type="checkbox"/> <input type="checkbox"/> | Option/Control not functioning ⁴¹² | | | |

REMAKE

- | | | | | | |
|------------|---|---|------------|---|--|
| L R | <input type="checkbox"/> <input type="checkbox"/> | External feedback ⁴¹⁵ | L R | <input type="checkbox"/> <input type="checkbox"/> | Wrong/Change color ⁴³⁶ |
| | <input type="checkbox"/> <input type="checkbox"/> | Loose fit ⁴¹⁶ | | <input type="checkbox"/> <input type="checkbox"/> | Lengthen canal ⁴³⁷ |
| | <input type="checkbox"/> <input type="checkbox"/> | Tight fit ⁴¹⁷ | | <input type="checkbox"/> <input type="checkbox"/> | Shorten canal ⁴³⁸ |
| | <input type="checkbox"/> <input type="checkbox"/> | Occlusion ⁴¹⁸ | | <input type="checkbox"/> <input type="checkbox"/> | Change vent size ⁴³⁹ |
| | <input type="checkbox"/> <input type="checkbox"/> | Protrudes ⁴¹⁹ | | <input type="checkbox"/> <input type="checkbox"/> | Model change or circuit change ⁴⁴⁹ |
| | <input type="checkbox"/> <input type="checkbox"/> | Hurts/Sore (mark location) ⁴²¹ | | <input type="checkbox"/> <input type="checkbox"/> | Other (specify in comments below) ⁴²⁶ |
| | <input type="checkbox"/> <input type="checkbox"/> | Works out of ear ⁴²² | | | |
| | <input type="checkbox"/> <input type="checkbox"/> | Damaged ⁴²³ | | | |

RETURN FOR CREDIT

- | | | | | | |
|------------|---|---|------------|---|--|
| L R | <input type="checkbox"/> <input type="checkbox"/> | Did not benefit ⁴⁰⁰ | L R | <input type="checkbox"/> <input type="checkbox"/> | Dispenser cancelled ⁴³³ |
| | <input type="checkbox"/> <input type="checkbox"/> | Financial ⁴⁰⁴ | | <input type="checkbox"/> <input type="checkbox"/> | Duplicate order ⁴⁶⁰ |
| | <input type="checkbox"/> <input type="checkbox"/> | Preferred old device ⁴⁰⁵ | | <input type="checkbox"/> <input type="checkbox"/> | Inventory return request ⁴⁶⁷ |
| | <input type="checkbox"/> <input type="checkbox"/> | Preferred competitor's model ⁴⁰⁸ | | <input type="checkbox"/> <input type="checkbox"/> | Dissatisfied ⁴⁷⁰ |
| | <input type="checkbox"/> <input type="checkbox"/> | Could not adjust/manage device ⁴⁰⁹ | | <input type="checkbox"/> <input type="checkbox"/> | Discomfort ⁴⁷¹ |
| | <input type="checkbox"/> <input type="checkbox"/> | Damaged ⁴¹³ | | <input type="checkbox"/> <input type="checkbox"/> | Too many problems ⁴⁷³ |
| | <input type="checkbox"/> <input type="checkbox"/> | Illness/Death ⁴¹⁵ | | <input type="checkbox"/> <input type="checkbox"/> | Changed model/color ⁴⁷⁶ |
| | <input type="checkbox"/> <input type="checkbox"/> | Feedback ⁴¹⁸ | | <input type="checkbox"/> <input type="checkbox"/> | Ordered in error ⁴⁷⁹ |
| | <input type="checkbox"/> <input type="checkbox"/> | Too many repairs/remakes ⁴²² | | <input type="checkbox"/> <input type="checkbox"/> | Other (specify in comments below) ⁴⁴⁵ |
| | <input type="checkbox"/> <input type="checkbox"/> | Patient cancelled ⁴³¹ | | | |

4 COMMENTS:

(PLEASE PRINT CLEARLY)

5 MATERIALS:

PLEASE SEND:

- GS service forms
- GS custom order forms
- Impression boxes
- GS BTE order forms
- GS earmold order forms
- Shipping labels