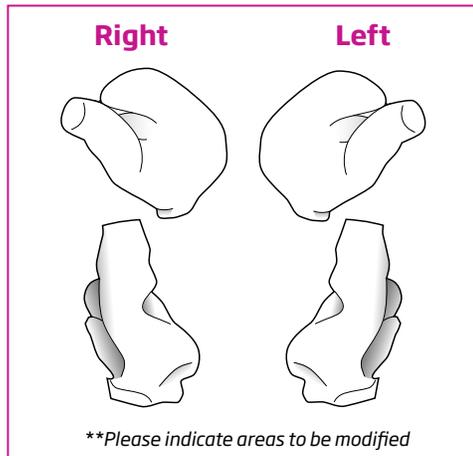


Your Information	Step 1: Account Information				Step 2: Patient Information											
	Ship to Account:				First Name:											
	Account Name:				Last Name:											
	Address:				Age:											
					Last 4 digits of Social Security #:											
	City: State: Zip:				Step 3: Fitter's Information											
	Phone #:				Fitter's Name:											
	Contact Name:				Fitter's Email:											
	Email (required):				Mailing Instructions											
	Bill to Account:				1. Be sure Lithium-ion Batteries are locked in battery drawer of hearing device. 2. Never return loose Lithium-ion Batteries back to Oticon for any reason. 3. Affix <i>Non-Restricted Lithium-ion Battery labels</i> to the shipping label. Request these labels from Oticon. For SmartCharger only: Shipping kits with special, required return shipment labels and instructions must be used for all SmartCharger returns.											
Date: Fitting Date:																
Purchase Order #:																

Product	<input type="checkbox"/> Hearing Aid		<input type="checkbox"/> Speaker		<input type="checkbox"/> Accessory	
	Model:	Model:	Size:	<input type="checkbox"/> L <input type="checkbox"/> R	Serial #:	
	Style:	Style:	Speaker Fit to Model Below (required)		Mold	
	Serial #:	Serial #:	Model:	Model:	Serial #:	
			Serial #:	Serial #:	Serial #:	

Repairs	Not Functioning	Broken or Damaged	Sound Quality	Wireless Accessory
	<input type="checkbox"/> Dead (D3) <input type="checkbox"/> Programming Difficulty (D16) <input type="checkbox"/> Intermittent (D4)* <input type="checkbox"/> Battery Drain (D8) <input type="checkbox"/> Switch (D11) <input type="checkbox"/> Push Button (D52) <input type="checkbox"/> Volume Control (D5) <input type="checkbox"/> T-Coil (D9) <input type="checkbox"/> Moisture (D47) <input type="checkbox"/> Corrosion (D60) <input type="checkbox"/> Aids Don't Coordinate (D25) <input type="checkbox"/> Speaker Defective (D37) <input type="checkbox"/> Defective Demo (VA/DOD/IHS only) (send replacement)	<input type="checkbox"/> Battery Door (D12) <input type="checkbox"/> Battery Stuck in Aid (D46) <input type="checkbox"/> Faceplate (D18) <input type="checkbox"/> Removal String (D24) <input type="checkbox"/> Switch (D11) <input type="checkbox"/> Push Button (D52) <input type="checkbox"/> Volume Control (D5) <input type="checkbox"/> Receiver Tubing Pushed In (D13) <input type="checkbox"/> Wax System (D22) <input type="checkbox"/> Ear Hook (M20) <input type="checkbox"/> Speaker Loose (D36)	<input type="checkbox"/> Weak (D1) <input type="checkbox"/> Noisy/Static (D2) <input type="checkbox"/> Distortion (D6) <input type="checkbox"/> Internal Feedback (D7) (not poor fit) <input type="checkbox"/> Clean and Check (D34) <input type="checkbox"/> Diagnose and Call (D49) Rechargeable Hearing Aids <input type="checkbox"/> Unable to Charge - Hearing Aid (D82) <input type="checkbox"/> Defective Rechargeable Battery (D83)	<input type="checkbox"/> Accessory Not Pairing (D72) <input type="checkbox"/> Accessory Intermittent (D73) <input type="checkbox"/> Unable to Charge (D39) <input type="checkbox"/> Accessory Not Communicating with the Aid (D23) <input type="checkbox"/> Not Communicating with Accessory (D48) <input type="checkbox"/> Defective Case (D74) <input type="checkbox"/> Firmware Upgrade (D41) <input type="checkbox"/> Mic/Remote Defective (D77) <input type="checkbox"/> LED Light Not Working (D88)

Remake Modifications	<input type="checkbox"/> Too Tight (H1)
	<input type="checkbox"/> Too Loose (H2)
	<input type="checkbox"/> Acoustic Feedback (H5)
	<input type="checkbox"/> Occlusion (H27)
	<input type="checkbox"/> Hurts Ear (H6)**
	<input type="checkbox"/> Taper Canal (D66)
	<input type="checkbox"/> Canal Too Short (H3)
	<input type="checkbox"/> Canal Too Long (H4)
	<input type="checkbox"/> Shell Damaged (D10)
	<input type="checkbox"/> Too Conspicuous (H7)
	<input type="checkbox"/> Enlarge Vent (H10)
	<input type="checkbox"/> Reduce Vent (H11)
<input type="checkbox"/> Change/Add/Remove Options*	



***Details/Special Instructions:**

[†]Please include pictures when possible.
 Scans will be kept for 5 years. Impression will be destroyed unless otherwise requested

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