

REPAIR SERVICE FORM

REMAKE SERVICE FORM ON OPPOSITE SIDE

Widex is committed to providing you with the highest level of service and satisfaction attainable.
To assist us with this, please fill out all information as accurately as possible.

Account #: _____	Ship To #: _____	Date: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
P.O. #: _____	Contact Name: _____	Phone #: _____
Patient First Name: _____	HEARING AIDS: <input type="checkbox"/> In Repair Warranty Out of Repair Warranty <input type="checkbox"/> 6-Month Repair Warranty <input type="checkbox"/> 12-Month Repair Warranty	
Patient Last Name: _____		
Right Serial #: _____	<p style="color: red; font-size: small;">If aid is over 5 years old, only 6-Month Warranty is available. Widex will choose a 6-Month Repair Warranty if one has not been selected. Please see price list for details.</p>	
Left Serial #: _____		
Widex Wireless Accessory Serial #: _____	REMOTE CONTROLS ONLY: <input type="checkbox"/> 12-Month Out of Repair Warranty <small>(not applicable to DEX products)</small>	
Widex Wireless Accessory Serial #: _____	<p style="color: red; font-size: x-small;">(Out of Repair Warranty - N/A for select DEX)</p>	

If sending RIC/RITE aid for repair, please include receiver and earwire:

Earwire size: _____ Quantity: _____ Receiver: _____

<input checked="" type="checkbox"/> <input type="checkbox"/> Dead <input checked="" type="checkbox"/> <input type="checkbox"/> Intermittent <input checked="" type="checkbox"/> <input type="checkbox"/> Fades <input checked="" type="checkbox"/> <input type="checkbox"/> Weak <input checked="" type="checkbox"/> <input type="checkbox"/> Distorted <input checked="" type="checkbox"/> <input type="checkbox"/> Noisy <input checked="" type="checkbox"/> <input type="checkbox"/> Internal Feedback <input checked="" type="checkbox"/> <input type="checkbox"/> Volume Control (Noisy, Intermittent, etc.) <input checked="" type="checkbox"/> <input type="checkbox"/> 2.4 GHz Connectivity <input type="checkbox"/> iPhone® <input type="checkbox"/> Android™ <input type="checkbox"/> Pairing Issues <input type="checkbox"/> App Connection Issues <input type="checkbox"/> Streaming Issues <input type="checkbox"/> Will Not Stream <input type="checkbox"/> Intermittent Streaming <input checked="" type="checkbox"/> <input type="checkbox"/> Excessive Battery Drain _____ Hours	<input checked="" type="checkbox"/> <input type="checkbox"/> Battery Door Won't Close <input checked="" type="checkbox"/> <input type="checkbox"/> Replace Battery Door <input checked="" type="checkbox"/> <input type="checkbox"/> Repair Receiver Tube <input checked="" type="checkbox"/> <input type="checkbox"/> Add Soft Hypoallergenic Coat <small>(custom hearing aids and hard shells only)</small> <input checked="" type="checkbox"/> <input type="checkbox"/> Add Hard Hypoallergenic Coat <small>(custom hearing aids and hard shells only)</small> <input checked="" type="checkbox"/> <input type="checkbox"/> Telecoil Weak/Noisy/Dead <input checked="" type="checkbox"/> <input type="checkbox"/> Remote Coil Not Working <input checked="" type="checkbox"/> <input type="checkbox"/> Add NanoCare™ Wax Guard <input checked="" type="checkbox"/> <input type="checkbox"/> Replace NanoCare™ Wax Guard/Bushing <input checked="" type="checkbox"/> <input type="checkbox"/> Repair Removal Line <input checked="" type="checkbox"/> <input type="checkbox"/> Add Removal Line <input checked="" type="checkbox"/> <input type="checkbox"/> 14-16 mm Long <input checked="" type="checkbox"/> <input type="checkbox"/> 9-11 mm Medium <input checked="" type="checkbox"/> <input type="checkbox"/> 5-7 mm Short	<input checked="" type="checkbox"/> <input type="checkbox"/> Add Removal Notch <input checked="" type="checkbox"/> <input type="checkbox"/> Add Raised Battery Door <input checked="" type="checkbox"/> <input type="checkbox"/> Lost Partner Alarm <input checked="" type="checkbox"/> <input type="checkbox"/> Not Charging <input checked="" type="checkbox"/> <input type="checkbox"/> Will Not Program <input checked="" type="checkbox"/> <input type="checkbox"/> Add Raised VC <small>(for non-wireless hearing aids only)</small> <input checked="" type="checkbox"/> <input type="checkbox"/> Add Raised Program Button <small>(for non-wireless hearing aids only)</small> <input checked="" type="checkbox"/> <input type="checkbox"/> RIC/RITE Receiver Weak/Dead <input type="checkbox"/> Wireless Accessory/DEX not connecting <small>with hearing aids (hearing aid(s) used with device must be included with repair to ensure proper evaluation and service)</small> <input type="checkbox"/> Wireless Accessory/DEX Dead <input type="checkbox"/> FM System not working <input type="checkbox"/> Charger Intermittent or Dead
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If sending rechargeable aids for repair, please include the charger and answer the following questions:

1) Describe symptoms: _____

2) Describe duration and actions before symptoms started: _____

3) Charger Serial Number: _____

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Account #: _____ Ship To #: _____ Date: _____

P.O. #: _____ Contact Name: _____ Phone #: _____

Patient First Name: _____ Patient Last Name: _____

SELECT SERVICE

<input type="checkbox"/> Remake custom CAMISHA shells <input type="checkbox"/> I have sent an earwire and receiver to be attached to the remade shell. <input type="checkbox"/> I have NOT sent an earwire and receiver to be attached to the remade shell. To receive a shell with a new earwire and receiver attached, a new order (Custom CAMISHA Shell Order Form, literature code DFM58) must be completed. Remake warranty not available for custom CAMISHA shells (new order required if over 90 days from original order).		<input type="checkbox"/> Remake custom hearing aid <input type="checkbox"/> Comparison hearing aid(s) enclosed Right Serial #: _____ Left Serial #: _____
Right Serial #: _____ Left Serial #: _____ Remote Serial #: _____ Attention: _____		
<input type="checkbox"/> In Remake Warranty <input type="checkbox"/> Out of Remake Warranty (for hearing aids only) <input type="checkbox"/> 6-Month Remake Warranty <input type="checkbox"/> Out of Remake/Repair Warranty (for hearing aids only) <input type="checkbox"/> 6-Month Remake/6 Month Repair Warranty <input type="checkbox"/> 12-Month Remake/12 Month Repair Warranty	<input type="checkbox"/> Use new ear impression <input type="checkbox"/> Use previous CAMISHA scan Right Serial #: _____ Left Serial #: _____	

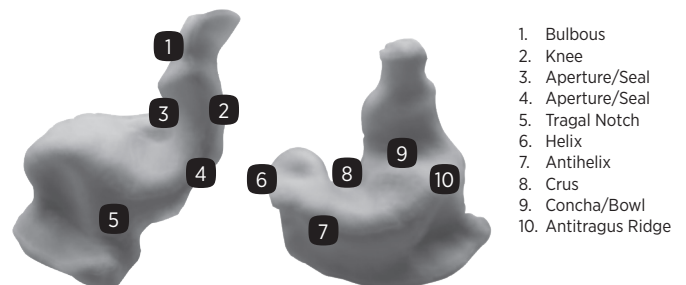
If you are requesting a remake and the instrument is out of both Repair and Remake Warranty, charges will be applied for both services. Please see price list for details.

REMAKE - New Silicone Impression Recommended

<input type="checkbox"/> <input type="checkbox"/> Feedback (M54) <input type="checkbox"/> <input type="checkbox"/> Loose Fit (M57) <input type="checkbox"/> <input type="checkbox"/> Hurts Overall (M60) <input type="checkbox"/> <input type="checkbox"/> Too Tight Where Marked (M59) <input type="checkbox"/> <input type="checkbox"/> Too Loose Where Marked (M56) <input type="checkbox"/> <input type="checkbox"/> Sticks Out of Ear (M65) <input type="checkbox"/> <input type="checkbox"/> Increase Canal Length (M50) <input type="checkbox"/> <input type="checkbox"/> Decrease Canal Length (M58) <input type="checkbox"/> <input type="checkbox"/> Slips Out of Ear (M51) <input type="checkbox"/> <input type="checkbox"/> Occlusion (M64)	<input type="checkbox"/> <input type="checkbox"/> Slips Out With Jaw Movement (M53) <input type="checkbox"/> <input type="checkbox"/> Add Retention Ring (M53) <input type="checkbox"/> <input type="checkbox"/> Vent Blocked (M62) <input type="checkbox"/> <input type="checkbox"/> Vent Broken (M70) <input type="checkbox"/> <input type="checkbox"/> Increase Vent Size (M87) <input type="checkbox"/> <input type="checkbox"/> Decrease Vent Size (M88) <input type="checkbox"/> <input type="checkbox"/> Add Hard Hypoallergenic Coat (M69) (hearing aids and hard shells only) <input type="checkbox"/> <input type="checkbox"/> Add Soft Hypoallergenic Coat (M55) (hearing aids and hard shells only) <input type="checkbox"/> <input type="checkbox"/> Cracked or Broken Shell (M70)	<input type="checkbox"/> <input type="checkbox"/> Cracked or Broken Faceplate (M75) <input type="checkbox"/> <input type="checkbox"/> Remake as Left (M86) <input type="checkbox"/> <input type="checkbox"/> Remake as Right (M86) <input type="checkbox"/> <input type="checkbox"/> Cut Canal to Mark (M67) Additional options for CAMISHA RIC shells (not available for HP/SP shells): <input type="checkbox"/> Canal Lock (M52) <input type="checkbox"/> Skeleton Lock (M52) <input type="checkbox"/> Extended Canal Lock (M52)
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Additional Comments / Special Instructions: _____

Mark areas where modification is required.



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