

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: _____	Patient Last Name: _____	
Right Serial #: _____	Left Serial #: _____	
Remote/DEX Serial #: _____	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	
Remote/DEX Serial #: _____	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.	
Remote/DEX Serial #: _____		
SCOLA Serial #: _____	REMOTE CONTROLS ONLY: <input type="checkbox"/> 12-Month Out of Repair Warranty <small>(not applicable to DEX products)</small>	
SCOLA Serial #: _____	<small>(Out of Repair Warranty - N/A for DEX/SCOLA)</small>	

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

Earwire size: _____ **Quantity:** _____ **Receiver:** _____

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

1) Product(s) Affected: Charger Battery Door Battery

2) Describe symptoms: _____

3) Describe duration and actions before symptoms started: _____

4) ZPower Charger Serial Number _____

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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.	<input type="checkbox"/> Remake custom hearing aid <input type="checkbox"/> Comparison hearing aid(s) enclosed
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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).

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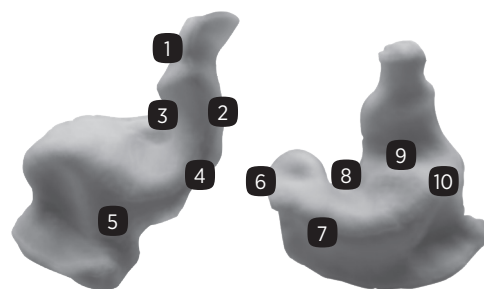
If you are requesting a remake and the instrument is out of both Repair and Remake Warranty, charges will be applied for both services. Please see price list for details.

REMAKE - New Silicone Impression Recommended

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

Additional Comments / Special Instructions: _____

Mark areas where modification is required.



1. Bulbous
2. Knee
3. Aperture/Seal
4. Aperture/Seal
5. Tragal Notch
6. Helix
7. Antihelix
8. Crus
9. Concha/Bowl
10. Antitragus Ridge