

Information

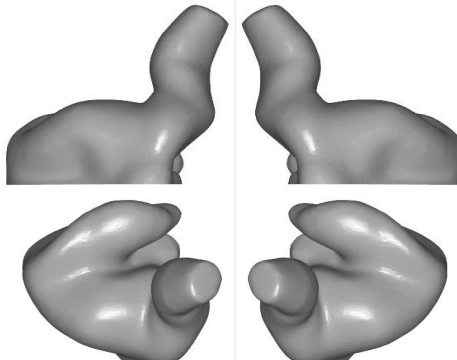
Customer			Device	
			Left	Right
Ship to Account Number:	Date:		Device model / Serial Number	
Address:			Receiver : (must accompany device)	
City:	State:	Zip:	power level / size (0-3) / side (L/R)	
Bill to Account Number:			SlimTube : size/side (0-3, L/R) (if included)	
Address:			Earhook color	
City:	State:	Zip:	Custom Ear Piece model / Serial Number	
Patient			Hearing instrument not included in repair <input type="checkbox"/>	
Patient Name:			Roger Direct™ Installation Information	
3rd Party Patient Number:			Roger Direct installed in the Marvel™ device? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Purchase Order Number:			If yes, please select the install method:	
Contact Name:			<input type="checkbox"/> Roger X (02) - Pediatric	
Phone Number:			<input type="checkbox"/> Roger iN Microphone or Roger X(03) - Adult	

Optional - Country dependant

- Please call before repairing
- Rush 24h
- Rush 48h
- Warranty options
- Quotations
- Annual Service

Request	Comments
L R Customer request (CC13 / CC38 / CC39) <input type="checkbox"/> Add/remove/change option (please specify your request in comments field)	_____ _____ _____ _____

Remake / Repair reason

L R Residues (CC17) <input type="checkbox"/> Wax problem <input type="checkbox"/> Sweat, moisture, humidity	L R Broken (CC16) <input type="checkbox"/> Housing <input type="checkbox"/> Battery door <input type="checkbox"/> Wheel <input type="checkbox"/> Switch / Button <input type="checkbox"/> Earhook / Soundtube <input type="checkbox"/> Microphone cover <input type="checkbox"/> Cord or cable cracked / frayed (accessories)	L R <input type="checkbox"/> Shell <input type="checkbox"/> Lock <input type="checkbox"/> Faceplate <input type="checkbox"/> Removable line <input type="checkbox"/> Wax system <input type="checkbox"/> Bent battery contacts <input type="checkbox"/> Receiver wire of C-Shell <input type="checkbox"/> Wires inside device / shell <input type="checkbox"/> Electronic module / faceplate detached <input type="checkbox"/> Receiver detached from Shell (ITE)
L R Service (CC14) <input type="checkbox"/> Clean & functional check <input type="checkbox"/> Dead <input type="checkbox"/> Display (accessories) <input type="checkbox"/> Returned to customer unrepaired	L R Shell fit (CC23) <input type="checkbox"/> Too visible - protruding / cosmetics <input type="checkbox"/> Tip too long (please add a 2nd reason: comfort / dexterity / insertion-removal issue) <input type="checkbox"/> Difficult to insert <input type="checkbox"/> Too loose poor retention <input type="checkbox"/> Too loose moving in the ear <input type="checkbox"/> Sound bore direction	L R <input type="checkbox"/> Too small - dexterity problem <input type="checkbox"/> Tip too short (please add 2nd reason: retention / comfort / dexterity issue) <input type="checkbox"/> Difficult to remove <input type="checkbox"/> Too tight
L R Hardware / Components Not Functioning (CC10) <input type="checkbox"/> Toggle switch <input type="checkbox"/> Push button <input type="checkbox"/> Volume control wheel <input type="checkbox"/> Dead <input type="checkbox"/> Display (accessories) Battery: <input type="checkbox"/> Rechargeable <input type="checkbox"/> Not rechargeable <input type="checkbox"/> High drain <input type="checkbox"/> Stuck	L R Acoustic output response (CC11) <input type="checkbox"/> Occlusion <input type="checkbox"/> Feedback: Internal (not poor fit) <input type="checkbox"/> Feedback: Venting diameter too large <input type="checkbox"/> Feedback: Due to shell fit / not airtight <input type="checkbox"/> Feedback: Due to shell fit / not airtight with moving jaw <input type="checkbox"/> Noisy : crackling / popcorn <input type="checkbox"/> Noisy : static / hissing <input type="checkbox"/> Acoustic response too weak <input type="checkbox"/> Acoustic response too weak after feedback test <input type="checkbox"/> Intermittent <input type="checkbox"/> Sound fades in/out <input type="checkbox"/> Distorted <input type="checkbox"/> Poor acoustic performances (e.g. venting too large)	Please mark the problem area 
L R Connectivity (CC10) <input type="checkbox"/> FM <input type="checkbox"/> Wireless / Bluetooth <input type="checkbox"/> Programming problem (HI ↔ Software) <input type="checkbox"/> Telecoil	Hurts where marked : L R <input type="checkbox"/> Shell <input type="checkbox"/> Lock <input type="checkbox"/> with static jaw <input type="checkbox"/> with moving jaw <input type="checkbox"/> by inserting/removing device	

Return for credit

L R Quality reason <input type="checkbox"/> Acoustic / Sound Quality <input type="checkbox"/> Not functioning <input type="checkbox"/> Too many repair/remake <input type="checkbox"/> Not enough benefit	L R <input type="checkbox"/> Cosmetic <input type="checkbox"/> Comfort & Retention <input type="checkbox"/> Exchange form factor <input type="checkbox"/> Issue with Flex upgrade	L R <input type="checkbox"/> Order fulfilment error <input type="checkbox"/> Overstock / consignment <input type="checkbox"/> Cost related <input type="checkbox"/> Patient can't adapt	L R <input type="checkbox"/> Patient medical problem <input type="checkbox"/> Device medical problem <input type="checkbox"/> Please specify _____
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