

BILL TO ACCOUNT #	SHIP TO ACCOUNT #
NAME: _____	NAME: _____
ADDRESS: _____ _____	ADDRESS: _____ _____
PHONE: _____	PHONE: _____
SAME AS PER BILL TO ADDRESS: <input type="checkbox"/>	

PATIENT INFORMATION:

FIRST NAME: _____

LAST NAME: _____

CLINICIAN CONTACT: _____

PURCHASE ORDER: _____

ACC CLIENT ACCESSABLES PRIVATE

DATE REQUIRED: _____

VIP 1 Day Service (Chargeable)

SERVICE DETAILS:

MODEL: _____ REPAIR UNDER WARRANTY SERVICE - No Charge

SN RIGHT: _____ REMAKE QUOTE NEW AID (within 3 months)

SN LEFT: _____ SERVICE QUOTE OVER \$ _____ PREVIOUS SERVICE (up to 1 month)

PROCEED WITHOUT QUOTE

HEARING AID FAULTS	L	R	SHELL OPTIONS	L	R	PLEASE EXPLAIN FAULT/REPAIR NEED AS CLEARLY AS POSSIBLE
DEAD	<input type="radio"/>	<input type="radio"/>	REDUCE HELIX	<input type="radio"/>	<input type="radio"/>	_____
WEAK	<input type="radio"/>	<input type="radio"/>	REMOVE HELIX	<input type="radio"/>	<input type="radio"/>	_____
FEEDBACK	<input type="radio"/>	<input type="radio"/>	TAPER CANAL	<input type="radio"/>	<input type="radio"/>	_____
FADES	<input type="radio"/>	<input type="radio"/>	CANAL TOO SHORT	<input type="radio"/>	<input type="radio"/>	_____
INTERMITTENT	<input type="radio"/>	<input type="radio"/>	CANAL TOO LONG	<input type="radio"/>	<input type="radio"/>	_____
NOISY/BUZZING	<input type="radio"/>	<input type="radio"/>	AID TOO TIGHT	<input type="radio"/>	<input type="radio"/>	_____
DISTORTED	<input type="radio"/>	<input type="radio"/>	AID TOO LOOSE	<input type="radio"/>	<input type="radio"/>	_____
FAULTY/SCRATCHY VC	<input type="radio"/>	<input type="radio"/>	TRAGUS RUBBING	<input type="radio"/>	<input type="radio"/>	_____
BARREL SOUND	<input type="radio"/>	<input type="radio"/>	ANTI TRAGUS RUBBING	<input type="radio"/>	<input type="radio"/>	_____
BATTERY DRAIN	<input type="radio"/>	<input type="radio"/>	POOR FIT AS MARKED ON AID	<input type="radio"/>	<input type="radio"/>	_____

CREDIT RETURNS:

MODEL: _____

SN RIGHT: _____

SN LEFT: _____

ORIGINAL INVOICE NUMBER: _____

REASON FOR RETURN: _____

