SONIC SERVICE / CREDIT RETURN

Phone 0800 432 748

July 2013

BILL TO ACCOUNT #

NAME:

ADDRESS:

PHONE:

SHIP TO ACCOUNT #

NAME:

ADDRESS:

PHONE:

SAME AS PER BILL TO ADDRESS: ☐

PATIENT INFORMATION:

FIRST NAME:

LAST NAME:

CLINICIAN CONTACT:

PURCHASE ORDER:

ACC CLIENT ◯ ACCESSABLES ◯ PRIVATE ◯

DATE REQUIRED:

VIP 1 Day Service ☐ (Chargeable)

SERVICE DETAILS:

MODEL:

SN RIGHT:

SN LEFT:

◯ REPAIR
◯ REMAKE
◯ SERVICE

◯ UNDER WARRANTY
◯ QUOTE
◯ QUOTE OVER $
◯ PROCEED WITHOUT QUOTE

◯ SERVICE - No Charge
◯ NEW AID (within 3 months)
◯ PREVIOUS SERVICE (up to 1 month)

HEARING AID FAULTS	L	R
DEAD	◯	◯
WEAK	◯	◯
FEEDBACK	◯	◯
FADES	◯	◯
INTERMITTENT	◯	◯
NOISY/BUZZING	◯	◯
DISTORTED	◯	◯
FAULTY/SCRATCHY VC	◯	◯
BARREL SOUND	◯	◯
BATTERY DRAIN	◯	◯

SHELL OPTIONS	L	R
REDUCE HELIX	◯	◯
REMOVE HELIX	◯	◯
TAPER CANAL	◯	◯
CANAL TOO SHORT	◯	◯
CANAL TOO LONG	◯	◯
AID TOO TIGHT	◯	◯
AID TOO LOOSE	◯	◯
TRAGUS RUBBING	◯	◯
ANTI TRAGUS RUBBING	◯	◯
POOR FIT AS MARKED ON AID	◯	◯

PLEASE EXPLAIN FAULT/REPAIR NEED AS CLEARLY AS POSSIBLE

CREDIT RETURNS:

MODEL:

SN RIGHT:

SN LEFT:

ORIGINAL INVOICE NUMBER:

REASON FOR RETURN:

Sonic Manufacturing
Level 7, 142 Lambton Quay
Wellington
Phone: Freecall 0800 432 748
E: orders@sonici.co.nz
www.sonici.co.nz

SONIC
Everyday Sounds Better