SONIC | SERVICE / CREDIT RETURN **Phone 1800 811 432**

February 2014

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:

OHS CLIENT ◯ OHS TOP UP ◯ PRIVATE ◯

DATE REQUIRED:

VIP 1 Day Service ☐ (Chargeable)

SERVICE DETAILS:

MODEL:

SN RIGHT:

SN LEFT:

◯ REPAIR ◯ REMAKE ◯ SERVICE

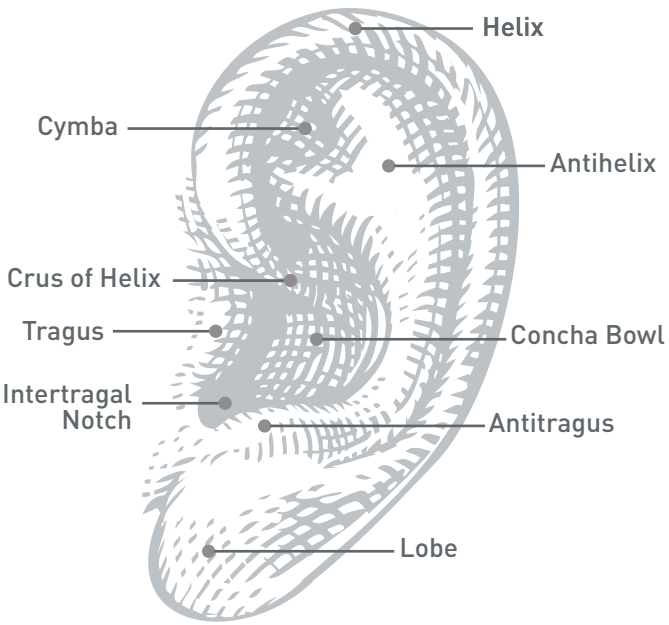
◯ UNDER WARRANTY ◯ QUOTE ◯ QUOTE OVER $ ◯ PROCEED WITHOUT QUOTE

◯ 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
629 Nudgee Road,
NUNDAH, QLD, 4012
FREECALL: 1800 811 432
FAX: 07 3260 7134
E: orders@sonici.com.au
www.sonici.com.au

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Everyday Sounds Better