

| | |
|--------------------------|---|
| 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: _____

OHS CLIENT OHS TOP UP 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"/> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| 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: _____

