

# EARMOLD REMAKE ORDER FORM

## STEP 1 - ORDER

**BILL TO:** ACCOUNT NUMBER: 

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ADDRESS: 

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CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

REFERENCE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

P.O. NO. \_\_\_\_\_ CHECK NO. \_\_\_\_\_ AMOUNT \_\_\_\_\_

REPAIR      REMAKE      RETURN OF ORIGINAL MOLD

**SHIP TO:** ACCOUNT NUMBER: 

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ADDRESS: 

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CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### SERVICE OPTIONS (CHARGES ARE PER HEARING DEVICE)

SAME-DAY SERVICE \$19.99       ONE-DAY SERVICE \$9.99

**WARRANTY:** WILL BE VERIFIED UPON RECEIPT, CHARGES WILL APPLY IF OUT OF WARRANTY. PLEASE CALL CUSTOMER SERVICE OR CHECK STARKEYPRO.COM FOR WARRANTY DATES.

## STEP 2 - PATIENT (FILL OUT PATIENT'S NAME, DOB/AGE AND DATE)

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ PATIENT DOB/AGE \_\_\_\_\_ DATE \_\_\_\_\_

### HEARING AID HISTORY

SERIAL NUMBER \_\_\_\_\_ RECEIVER SERIAL NUMBER \_\_\_\_\_ GAIN/STYLE \_\_\_\_\_

**LEFT** \_\_\_\_\_

**RIGHT** \_\_\_\_\_

### USER INFORMATION

MCL L: \_\_\_\_\_ MCL R: \_\_\_\_\_ UCL L: \_\_\_\_\_ UCL R: \_\_\_\_\_

500KHZ: \_\_\_\_\_ 1KHZ: \_\_\_\_\_ 2KHZ: \_\_\_\_\_ 3KHZ: \_\_\_\_\_ 4KHZ: \_\_\_\_\_

## STEP 3 - PRODUCT NOTE: FIT RELATED ISSUES REQUIRE NEW IMPRESSIONS

### REMAKE OR SHELL MODIFICATION

- ADD CANAL LOCK (NEED NEW IMPRESSIONS)
- LOOSE
- DECREASE VENT
- INCREASE VENT
- PROTRUDES
- TIGHT

### PLEASE MARK PROBLEM AREA ON DEVICE OR IMPRESSION

PATIENT COMMENTS:

(NOTE: PLEASE SEND NEW IMPRESSIONS FOR BEST RESULTS)

### SPECIAL INSTRUCTIONS OR REASON FOR CREDIT RETURN:



**DO NOT WRITE HERE  
FACTORY USE ONLY**