Return for Credit Form

Date: ________ / ________ / ________
DD MM Year

Attention to (at Phonak): ______________________________

Account Information

Account Number:

Company Name:

Phone Number:

Address:

User Information

Last Name: | | | | | | | | | | | |

First Name: | | | | | | | | | | | |

Hearing Instrument Information

Serial # R: ______________________________

Other Serial #: ______________________________

Serial # L: ______________________________

Other Serial #: ______________________________

Please attach a copy of invoice

Accessories Sent with Unit

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Return for Credit

Please refer to current Phonak Price and Policy for restocking fee

L	R	**Quality reason**
☐	☐	Acoustic / Sound Quality Not functioning
☐	☐	Too many repairs / Remakes
☐	☐	Not enough benefit

L	R	
☐	☐	Cosmetic
☐	☐	Poor fit
☐	☐	Exchange form factor

L	R	
☐	☐	Order fulfilment error
☐	☐	Overstock / Consignment
☐	☐	Cost related
☐	☐	Patient can't adapt

L	R	
☐	☐	Patient medical problem
☐	☐	Device medical problem
☐	☐	Please specify ....

Additional Comments

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Phone: 905-677-1167 or 1-800-876-1167 Fax: 905-677-7536 or 1-800-814-5799

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