

ACCOUNT & BILLING INFORMATION	
<b>PO#:</b> PO# Required with all out of warranty repairs	Date:
<b>Bill To#: C50008642</b>	<b>Location#:</b>
<b>Costco</b>	
Contact:	Phone:
<input type="checkbox"/> 24 hour service	<input type="checkbox"/> 48 hour service

IMPORTANT	
<input type="checkbox"/> <b>PLEASE</b> take extra precautions when handling this aid.	<b>PLEASE NOTE:</b> Shipment of all Lithium ION batteries such as those included with Legato Li are subject to IATA shipping regulations. Rexton requests that our business partners and their customers utilize ground transportation when shipping these products.

REASON FOR SERVICE	
REPAIR:	SHELL (NEW IMPRESSION REQUIRED*)
Dead	<input type="checkbox"/> L <input type="checkbox"/> R Feedback <input type="checkbox"/> L <input type="checkbox"/> R
Weak/Not up to Specification	<input type="checkbox"/> L <input type="checkbox"/> R Taper Canal <input type="checkbox"/> L <input type="checkbox"/> R
Intermittent	<input type="checkbox"/> L <input type="checkbox"/> R Too Tight (Specify) <input type="checkbox"/> L <input type="checkbox"/> R
Fades	<input type="checkbox"/> L <input type="checkbox"/> R Sticks Out <input type="checkbox"/> L <input type="checkbox"/> R
Distorted	<input type="checkbox"/> L <input type="checkbox"/> R Shell Repair <input type="checkbox"/> L <input type="checkbox"/> R
Noisy/Static	<input type="checkbox"/> L <input type="checkbox"/> R Canal Too Long <input type="checkbox"/> L <input type="checkbox"/> R
Internal Feedback	<input type="checkbox"/> L <input type="checkbox"/> R Vent Too Small <input type="checkbox"/> L <input type="checkbox"/> R
Volume Control	<input type="checkbox"/> L <input type="checkbox"/> R Vent Too Large <input type="checkbox"/> L <input type="checkbox"/> R
Switch/Push Button	<input type="checkbox"/> L <input type="checkbox"/> R Soft Coat <input type="checkbox"/> L <input type="checkbox"/> R
T-Coil	<input type="checkbox"/> L <input type="checkbox"/> R Soft Canal Tip <input type="checkbox"/> L <input type="checkbox"/> R
Battery Drain	<input type="checkbox"/> L <input type="checkbox"/> R Too Loose <input type="checkbox"/> L <input type="checkbox"/> R
Battery Contacts	<input type="checkbox"/> L <input type="checkbox"/> R Canal Too Short* <input type="checkbox"/> L <input type="checkbox"/> R
Battery Door	<input type="checkbox"/> L <input type="checkbox"/> R Canal Angle <input type="checkbox"/> L <input type="checkbox"/> R
Wax Build-Up	<input type="checkbox"/> L <input type="checkbox"/> R Canal/Helix Lock* <input type="checkbox"/> L <input type="checkbox"/> R
Faceplate Broken	<input type="checkbox"/> L <input type="checkbox"/> R Helix Too Tight <input type="checkbox"/> L <input type="checkbox"/> R
Tubing (mic./rec.)	<input type="checkbox"/> L <input type="checkbox"/> R Helix Too Loose <input type="checkbox"/> L <input type="checkbox"/> R
BTE Ear Hook	<input type="checkbox"/> L <input type="checkbox"/> R Works out <input type="checkbox"/> L <input type="checkbox"/> R
BTE Case	<input type="checkbox"/> L <input type="checkbox"/> R Faceplate Too Large <input type="checkbox"/> L <input type="checkbox"/> R
<b>PROGRAMMING:</b>	Anti-Tragus Rubs <input type="checkbox"/> L <input type="checkbox"/> R
Unable to Program	<input type="checkbox"/> L <input type="checkbox"/> R Tragus Rubs <input type="checkbox"/> L <input type="checkbox"/> R
Incorrect Circuit Code	<input type="checkbox"/> L <input type="checkbox"/> R
<b>REMOTE CONTROLS:</b>	
Not Charging	<input type="checkbox"/>
Not Programming	<input type="checkbox"/>
Not Connecting to Hearing Aids	<input type="checkbox"/> L <input type="checkbox"/> R

MEMBER INFORMATION	
Last Name:	First Name:
<b>Left Hearing Aid Serial #:</b>	<b>Right Hearing Aid Serial #:</b>
<b>Left RIC Receiver:</b> Power: Length:	<b>Right RIC Receiver:</b> Power: Length:
<b>Remote/Charger Serial #</b>	
<b>75 dB Receiver Serial #</b>	
NOTE: Rechargeable batteries should ONLY be sent in with a charger repair. Rexton is not responsible for the loss of rechargeable batteries when they are sent in with a BTE repair.	

SELECT WARRANTY
<input type="checkbox"/> In Warranty <input type="checkbox"/> 12-Month Warranty <input type="checkbox"/> Over 5 Years
NOTE: Instruments 5 years or older will be repaired at the discretion of Rexton with a 6 month warranty. Hearing instruments over 5 years old will not be remade or replaced. Copy of USR required for all out of warranty repairs.

CHANGE REQUEST	
NEW MATRIX: (OUTPUT/GAIN)	NEW SHELL MODEL*:
Left: _____ / _____	<input type="checkbox"/> CIC <input type="checkbox"/> Half Shell
Right: _____ / _____	<input type="checkbox"/> Full Shell <input type="checkbox"/> Canal
Under Powered: <input type="checkbox"/> L <input type="checkbox"/> R	*New Impression May Be Required
Over Powered: <input type="checkbox"/> L <input type="checkbox"/> R	
<b>OPTIONS:</b> Add    Delete	<b>OPTIONS:</b> Add    Delete
Directional Mic. <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R	T-Coil <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R
Extended Tube <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R	Wireless <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R
VC <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R	XPhone <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R
Raised VC <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R	CGrid (green) <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R
Removal String <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R	HF 4 filter (red/blue) <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R
Situation Switch <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R	Disposable (white) <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R
Switchless T-Coil <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R	Waxspring <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R

PLEASE MARK ANY AREA OF CONCERN	
<b>COMMENTS:</b>	
Canal Length    Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> As Marked <input type="checkbox"/>	
Ear Texture    Soft <input type="checkbox"/> Medium <input type="checkbox"/> Rigid <input type="checkbox"/>	<b>NOTE:</b> Please print clearly!

FACTORY USE ONLY			
LEFT		RIGHT	
Diagnostic Code	Action Code	Diagnostic Code	Action Code

ADDITIONAL INFORMATION

FACTORY REPRESENTATIVE COMMENTS