

By submitting this order to Phonak for creation of a custom product for your client, you agree that Phonak will scan and then dispose of any ear impression, that any scan and other information generated as part of the order fulfilment process is the property of Phonak and the client has been advised that their personal information (including name, date of birth, gender, device sizing and service history) will be retained for warranty claims, product recall and statistical purposes. The information will only be released or disclosed to another person or agency when specifically requested and with your client's consent. If you would like any ear impression supplied with this order returned, please let us know.

Phonak New Zealand Level 2, The Chester Building,
28 The Warehouse Way, Northcote, Auckland 0627
Fax: 09 486 1895. Email: nzorders@phonak.com

1. Order Details

Clinic Details _____
Client Details _____

Order Details Date Required _____ Routine¹ Required by¹ _____
 Contact _____
 Order Number _____ Order Date _____

Invoice To
 Clinic
 Client²

Ship To
 Same as
 invoice

¹ Repairs: 1-2 days in house; reshells: 3-4 days in-house ² Additional fee may apply, see Sales Policy

2. Instrument Details

	Model	Serial Number
Hearing Instrument/s		
L	_____	_____
R	_____	_____
Earmould/Shell		
L	_____	_____
R	_____	_____
Accessories		
	_____	_____
	_____	_____
	_____	_____

	Model	Serial Number
Roger Receiver/s (codes must be reinstalled into Roger X receivers to be eligible for credit)		
L	_____	_____
R	_____	_____
Roger Transmitter (2 codes must be reinstalled into Roger iN transmitters to be eligible for credit)		
L	_____	_____
R	_____	_____
Dry & Store / Other		
	_____	_____
	_____	_____
	_____	_____

3. Repair

Earmould included with BTE (recommended for thorough assessment)

Warranty Details	Quote Required
Sales Warranty applies Service Warranty applies	Proceed if cost does not exceed \$200 per instrument/device Quote for repair if total cost exceeds: _____ Provide full itemised assessment and quote (additional charge applies)
Reason for Repair	

4. Reshell or Remake

Reason for reshell or remake	Phonak Hearing Instrument Details		Audiogram
	Model	Serial Number	Frequency (Hz)
Fit – Retention	_____	_____	250
Fit – Tight			500
Feedback			1K
Difficulty with insertion			2K
Change venting			3K
Cosmetic reason			4K
Broken			5K
Other			

Required for verification that client currently using Phonak hearing instruments

For AOV or if reshell needed because of feedback or high frequency gain limitations

Additional Information

5. Return Credit – Reason for Return

Remake Policy (ITE, earmould & custom shell)

Current Hrg. Inst. Brand	Phonak	Other
More than 90 days old	Charge applies	Charge applies
Modelling/build quality	N/C	N/C
Change in material or style	N/C	Charge applies
Change in model (e.g. SlimTip to earmould)	N/C	Charge applies
Addition or removal of options	N/C	Charge applies
Change in hearing loss or instrument gain requirements	N/C	Charge applies
Organic change in ear anatomy (esp. infants)	New order	New order
Unsuitable impressions	Charge applies	Charge applies
Significant non-organic variance between impressions	N/C	Charge applies
Damage resulting from genuine attempt to modify in clinic	N/C	N/C
No identifiable reason	N/C	Charge applies