EARMOLD REMAKE ORDER FORM

STEP 1 - ORDER

☐ REPAIR ☐ REMAKE ☐ RETURN OF ORIGINAL MOLD

BILL TO: ACCOUNT NUMBER:

ADDRESS:

CONTACT:

PHONE: EMAIL:

SHIP TO: ACCOUNT NUMBER:

ADDRESS:

CONTACT:

PHONE: EMAIL:

REFERENCE NUMBER DATE

P.O. NO. CHECK NO. AMOUNT

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

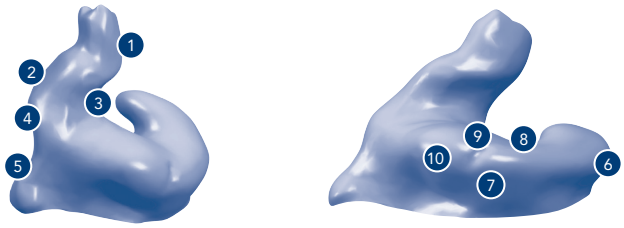
MCL L: MCL R: UCL L: UCL R: 500KHZ: 1KHZ: 2KHZ: 3KHZ: 4KHZ:

STEP 3 - PRODUCT

REMAKE

- ◯ ADD CANAL LOCK (NEED NEW IMPRESSIONS)
- ◯ DECREASE VENT
- ◯ INCREASE VENT
- ◯ PROTRUDES (RECESS FACEPLATE)
- ◯ FEEDBACK (NEED NEW IMPRESSIONS)
- ◯ HURTS (INDICATE ON SHELL AND IMPRESSION)
- ◯ TOO TIGHT IN EAR (MARK ON DIAGRAM)
- ◯ LENGTHEN CANAL (MARK ON DIAGRAM)
- ◯ SHORTEN CANAL (MARK ON DIAGRAM)
- ◯ SLIPPING OUT (NEED NEW IMPRESSIONS)

IDENTIFY PROBLEM AREA (MARK ON DIAGRAM)



1. BULBOUS
2. KNEE
3. APERTURE/SEAL
4. APERTURE/SEAL
5. TRAGAL NOTCH
6. HELIX
7. ANTIHELIX
8. CRUS
9. CONCHA/BOWL
10. ANTITRAGUS RIDGE

SPECIAL INSTRUCTIONS OR REASON FOR CREDIT RETURN:

Starkey Hearing Technologies

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