EARMOLD REMAKE ORDER FORM

STEP 1 - ORDER

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. ANTHelix
8. CRUS
9. CONCHA/BOWL
10. ANTRITRAGUS RIDGE

SPECIAL INSTRUCTIONS OR REASON FOR CREDIT RETURN:

© 2017 Starkey Hearing Technologies. All Rights Reserved. 85285-007 4/17 FORM3098-00-EE-SG