



SERVICE ORDER FORM

Account Information:

Account #

Date:

MM / DD / YY

/ /

P.O. No.

Ship To Address:

Contact Name:

Tel:

☐ *VIP Service

(* additional charge)

Client Information Please use capital letters and print neatly.

Last Name, First Name, Middle Initial

Left Serial:

Right Serial:

Remote/Charger Serial:

Loss and Damage Claim: ☐ Left ☐ Right

Select Warranty:

☐ In Warranty ☐ 6-month warranty ☐ 12-month warranty ☐ Over 5 years*

**Note: Instruments 5 years or older are limited to a 6 month warranty and are repaired based on parts availability.*

Rapid Service:

☐ BTE Rapid Service **Rapid Service: BTE instrument is replaced with an exact "reconditioned" hearing aid with new serial number.*

**Available on select BTE models only. If not available on selected model, standard repair service will apply. *BTE Rapid Service is the default service for BTEs.*

Reason for Service:

Repair:		Remake Shell:	
Dead	<input type="checkbox"/> L <input type="checkbox"/> R	BTE case	<input type="checkbox"/> L <input type="checkbox"/> R
Weak/Not up to Specification	<input type="checkbox"/> L <input type="checkbox"/> R	Feedback	<input type="checkbox"/> L <input type="checkbox"/> R
Intermittent	<input type="checkbox"/> L <input type="checkbox"/> R	Taper Canal	<input type="checkbox"/> L <input type="checkbox"/> R
Fades	<input type="checkbox"/> L <input type="checkbox"/> R	Too Tight (Specify)	<input type="checkbox"/> L <input type="checkbox"/> R
Distorted	<input type="checkbox"/> L <input type="checkbox"/> R	Sticks Out	<input type="checkbox"/> L <input type="checkbox"/> R
Noisy/Static	<input type="checkbox"/> L <input type="checkbox"/> R	Shell Repair	<input type="checkbox"/> L <input type="checkbox"/> R
Internal Feedback	<input type="checkbox"/> L <input type="checkbox"/> R	Canal Too Long	<input type="checkbox"/> L <input type="checkbox"/> R
Volume Control	<input type="checkbox"/> L <input type="checkbox"/> R	Vent Too Small	<input type="checkbox"/> L <input type="checkbox"/> R
Switch/Push Button	<input type="checkbox"/> L <input type="checkbox"/> R	Vent Too Large	<input type="checkbox"/> L <input type="checkbox"/> R
Trimmer	<input type="checkbox"/> L <input type="checkbox"/> R	Clear UV Shell	<input type="checkbox"/> L <input type="checkbox"/> R
T-Coil	<input type="checkbox"/> L <input type="checkbox"/> R	Too Loose	<input type="checkbox"/> L <input type="checkbox"/> R
Battery Drain	<input type="checkbox"/> L <input type="checkbox"/> R	Canal Too Short	<input type="checkbox"/> L <input type="checkbox"/> R
Battery Contacts	<input type="checkbox"/> L <input type="checkbox"/> R	Canal/Helix Lock	<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	Cymba Too Tight	<input type="checkbox"/> L <input type="checkbox"/> R
Battery Hinge Broken (extra charge)	<input type="checkbox"/> L <input type="checkbox"/> R	Cymba Too Loose	<input type="checkbox"/> L <input type="checkbox"/> R
Faceplate Broken (extra charge)	<input type="checkbox"/> L <input type="checkbox"/> R	Works Out	<input type="checkbox"/> L <input type="checkbox"/> R
Tubing (mic/rec.)	<input type="checkbox"/> L <input type="checkbox"/> R	Faceplate Too Large	<input type="checkbox"/> L <input type="checkbox"/> R
BTE ear hook	<input type="checkbox"/> L <input type="checkbox"/> R	Anti-tragus Rubs	<input type="checkbox"/> L <input type="checkbox"/> R

Programming:

Unable To Program	<input type="checkbox"/> L <input type="checkbox"/> R
Incorrect Program	<input type="checkbox"/> L <input type="checkbox"/> R

Change Request

New Matrix:	Output	Gain
Left		
Right		
Under Powered:	<input type="checkbox"/> L	<input type="checkbox"/> R
Over Powered:	<input type="checkbox"/> L	<input type="checkbox"/> R

New Shell Model:

<input type="checkbox"/> CIC	<input type="checkbox"/> HS
<input type="checkbox"/> ITC	<input type="checkbox"/> ITE
<input type="checkbox"/> ITC (Mirage)	
within 13 months of invoice	

New Circuit Type:

Left:	
Right:	
within 13 months of invoice	

Additional Information:

Options		Add	Delete
Directional Mic.	<input type="checkbox"/> L <input type="checkbox"/> R		
Extended Tube	<input type="checkbox"/> L <input type="checkbox"/> R		
VC	<input type="checkbox"/> L <input type="checkbox"/> R		
Raised VC	<input type="checkbox"/> L <input type="checkbox"/> R		
Removal Notch	<input type="checkbox"/> L <input type="checkbox"/> R		
Removal Flex Line	<input type="checkbox"/> L <input type="checkbox"/> R		
P1/P2	<input type="checkbox"/> L <input type="checkbox"/> R		
Switchless T-Coil	<input type="checkbox"/> L <input type="checkbox"/> R		
T-Coil	<input type="checkbox"/> L <input type="checkbox"/> R		
Mic. Screen	<input type="checkbox"/> L <input type="checkbox"/> R		
Wax Spring	<input type="checkbox"/> L <input type="checkbox"/> R		
Disposable	<input type="checkbox"/> L <input type="checkbox"/> R		
Wax Guard	<input type="checkbox"/> L <input type="checkbox"/> R		
C-Grid	<input type="checkbox"/> L <input type="checkbox"/> R		
Other (Specify)	<input type="checkbox"/> L <input type="checkbox"/> R		

FACTORY USE ONLY				FACTORY REPRESENTATIVE COMMENTS	
Left		Right			
Diagnostic Code	Action Code	Diagnostic Code	Action Code		

Shipment of all lithium ION batteries such as those included with the MEBluConnect and Connexx Link products are subject to IATA shipping regulations. Miracle-Ear requests that our business partners and their customers utilize ground transportation when shipping these products.