Repair and Return Form

unitron™

Date
Client
Clinic
Order Number
Hearing Care Professional
ACC ◯

Invoice Address Clinic ◯ Client ◯
Return Address Clinic ◯ Client ◯

DEVICE DETAILS

Right Left
Model
Aid Serial No.
Shell Serial No.

Accessories
Serial No.
Warranty Sales ◯ Service ◯

REPAIR

Standard ◯ Non-Standard ◯

Detail

QUOTE

◯ Proceed if quote does not exceed

◯ Provide Written Itemised Quote or ACC Report (additional charge)

RESHELL

Reason for reshell or remake

◯ Fit - Retention
◯ Fit - Tight
◯ Feedback
◯ Difficulty with insertion
◯ Change venting
◯ Cosmetic reason
◯ Broken
◯ Other

Right ◯ Left ◯

Detail

RETURN

Reason

Internal use

Technician

Comment

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