

# Repair Form

Fisher Hearing Technologies Inc.

Patient name: \_\_\_\_\_

3940 St. John's Parkway  
Sanford, FL 32771  
800-514-5020

Bill To: \_\_\_\_\_

Ship To: \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Make: \_\_\_\_\_

Right\_\_\_ Left\_\_\_

Serial Number: \_\_\_\_\_

Warranty: \_\_\_ 6 month \_\_\_ 12 month \_\_\_ in warranty

\_\_\_ Dead \_\_\_ Volume Control \_\_\_ Distorted  
\_\_\_ Weak \_\_\_ Switches/Control \_\_\_ Noisy  
\_\_\_ Feedback \_\_\_ Intermittent \_\_\_ High Battery Drain

Refitting-Recase ITE,ITC,CIC

\_\_\_ Refitting/Recase ONLY-if new faceplate  
is required, see repair price list

\_\_\_ Refitting/Repair- 6month warranty

\_\_\_ Refitting/Repair- 12month warranty

\_\_\_ Refitting for opposite ear/new faceplate

Vent size: \_\_\_\_\_

Color: \_\_\_ Flesh \_\_\_ Tan \_\_\_ Brown  
\_\_\_ Clear \_\_\_ Red \_\_\_ Blue

Additional Instructions: \_\_\_\_\_

Technician Comments: \_\_\_\_\_

\_\_\_ UPS

\_\_\_ FedEx

\_\_\_ US Mail