

Repair Form

Fisher Hearing Technologies Inc.

Patient name: _____

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

Bill To: _____

Ship To: _____

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