

Unitron Service form

unitron™ Love the experience

Step 1 Customer information

Ship to account number _____ Date _____

Address _____

City _____ State _____ Zip code _____

Bill to account number _____

Address _____

City _____ State _____ Zip code _____

Patient name _____

Third party patient number _____

Purchase order number _____

Contact name _____

Phone number _____

Phone number required for shipping directly to patient. We're unable to ship to a P.O. Box. Additional charges for shipping directly to the patient. If the patient's settings cannot be restored we will ship back to the sender.

Step 2 Device information

Device model/serial number _____

☐ Receiver (must accompany device) size/side (0-3, L/R) _____

☐ SlimTube (if included) size/side (00-3, L/R) _____

☐ Ear hook

Custom ear piece model/serial number _____

Step 3 RogerDirect™ installation information

Is RogerDirect installed in the Discover Next™ device? ☐ Yes ☐ No

If yes, please select the install method:

☐ Roger X (02) — Pediatric

☐ Roger iN Microphone or Roger X (03) — Adult

Step 4 Service plan options Prices subject to change without notice

☐ 24-hour service option [Rush24] 24 hour factory service is not guaranteed during holidays; additional fee applies

Must select below if out of warranty repair. All serialized out of warranty items included will be repaired with a 6 month warranty by default. Charges will apply. Out of Warranty cShell & SlimTip will be a chargeable new order. Instruments more than 5 years post invoice date will only be repaired if parts are available. Shipping and handling applies to all chargeable repair orders.

Device less than 5 years post invoice date:
6 month warranty

- ☐ Hearing Instruments
☐ Wireless Accessories
☐ ITE Remake¹

(In addition to a service plan, for same model and patient only)

Device less than 5 years post invoice date:
12 month warranty

- ☐ Hearing Instruments
☐ Wireless Accessories
☐ ITE Remake¹

(In addition to a service plan, for same model and patient only)

Device more than 5 years post invoice date:
Up to 6 month warranty (or until end of service date)

- ☐ Hearing Instruments

Step 5 Reason for service

Customer request (CC40 / CC38 / CC39)

☐ ☐ Add/remove/change option²
(please specify your request in comments field)

☐ Change color to _____

Residues (CC17)

- ☐ ☐ Wax problem
☐ ☐ Sweat, moisture, humidity

Service (CC14)

☐ ☐ Clean and functional check

Hardware / components not functioning (CC10)

- ☐ ☐ Toggle switch
☐ ☐ Push button
☐ ☐ Volume control
☐ ☐ Dead
☐ ☐ Display (accessories)

Battery:

- ☐ ☐ Rechargeable/not charging
☐ ☐ High drain
☐ ☐ Stuck

Connectivity (CC10)

- ☐ ☐ FM/Roger
☐ ☐ Wireless/Bluetooth
☐ ☐ Programming problem (HI ↔ Software)
☐ ☐ Telecoil

Acoustic response (CC11)

- ☐ ☐ Occlusion
☐ ☐ Feedback: Internal (not poor fit)
☐ ☐ Feedback: Venting diameter too large
☐ ☐ Feedback: Due to shell fit/not airtight
☐ ☐ Feedback: With jaw movement
☐ ☐ Noisy: Crackling / Popcorn
☐ ☐ Noisy: Static / hissing
☐ ☐ Acoustic response too weak
☐ ☐ Acoustic response too weak after feedback test
☐ ☐ Intermittent
☐ ☐ Sound fades in/out
☐ ☐ Distorted
☐ ☐ Poor acoustic performances (e.g. venting too large)

Broken (CC16)

- ☐ ☐ Housing
☐ ☐ Battery door
☐ ☐ Volume wheel
☐ ☐ Push button
☐ ☐ Earhook/soundtube
☐ ☐ Microphone cover
☐ ☐ Cord or cable cracked/frayed (accessories)
☐ ☐ Shell ☐ ☐ Canal Lock ☐ ☐ Faceplate
☐ ☐ Removal line
☐ ☐ Wax system
☐ ☐ Battery contacts
☐ ☐ Receiver wire of cShell
☐ ☐ Wires inside device/shell
☐ ☐ Electronic module/faceplate detached
☐ ☐ Receiver detached from Shell (ITE)

¹ Remake charges will apply to out of warranty custom hearing instruments with cracks, holes, missing shell and remakes requested for fit issues. Model Change not available if out of trial period.
² See Price Book for chargeable options.

Step 6 Remake information

Hearing aids, cShells and SlimTips must be included with all remakes.

Shell fit (CC23)

- ☐ ☐ Too big — protruding / cosmetics
- ☐ ☐ Canal too long
- ☐ ☐ Canal too short
- ☐ ☐ Too loose / poor retention
- ☐ ☐ Too loose / moving in the ear
- ☐ ☐ Too small — dexterity problem
- ☐ ☐ Difficult to insert
- ☐ ☐ Difficult to remove
- ☐ ☐ Too tight
- ☐ ☐ Sound bore direction

Hurts where marked

- ☐ ☐ Shell
- ☐ ☐ Lock
- ☐ ☐ With static jaw
- ☐ ☐ With moving jaw
- ☐ ☐ By inserting / removing device

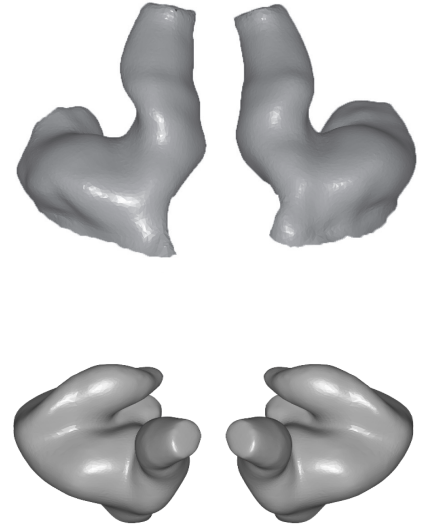
Custom shell modification (CC38)

For best fit, please send complete impression including second bend

- ☐ ☐ (IV) Increase Vent
- ☐ ☐ (DV) Decrease Vent
- ☐ ☐ (FE) Feedback
- ☐ ☐ (BR) Broken
- ☐ ☐ (OB) Occluded (Barrel sound)
- ☐ ☐ (TF) Tight Fit
(Mark and include full new impression, see image)
- ☐ ☐ (LF) Loose Fit
(Mark and include full new impression, see image)
- ☐ ☐ (AC) Add Canal Lock³
(Include full impression. N/A IIC.)
- ☐ ☐ (HL) Add Helix Lock³
(Include full impression. N/A IIC.)
- ☐ ☐ (SL) Add Skeleton Lock³
(Include full impression. N/A IIC.)
- ☐ ☐ Add Lacquer
- ☐ ☐ Add Wax Option _____
- ☐ ☐ No Laquer (Beige, Cocoa and Clear only)

Canal lock will be the same color as the shell:
Transparent, Pink, Brown, Cocoa and Tan only.

Please mark the problem area



Step 7 Notes, description of problem, items sent with repair

☐ Please call before repairing

S B R1 R2 L1 L2
PNK BLU YLW FLS GRN PRP WHT TRQ

³ Chargeable option for hearing instrument.

Sonova USA Inc. is not responsible and assumes no liability for any non-Unitron manufactured device or accessory sent by you to Unitron. Please ensure that you only include Unitron devices and accessories herein.