

Bill To#	C50008642	Ship To Location	Warehouse # / City	Contact Name	
Cycle Patient ID				Phone #	
P.O. #	Please include RTV			Date	MM/DD/YY

CLIENT & INSTRUMENT INFORMATION	
Purchase Date:	
Left Serial Number:	Model:
Right Serial Number:	Model:
Charger/Accessory SN:	

COMMENTS

To help us continuously improve our quality, please select REASON FOR RETURN (CHOOSE ONE)	
29	<input type="checkbox"/> Chose different model
50	<input type="checkbox"/> Could not tolerate amplification
33	<input type="checkbox"/> Deceased/Illness
49	<input type="checkbox"/> Preferred monaural, ordered binaural
91	<input type="checkbox"/> Performance not to expectation/intelligibility
32	<input type="checkbox"/> Chose instrument from another manufacturer
90	<input type="checkbox"/> Defective
10	<input type="checkbox"/> Fit/Feedback
67	<input type="checkbox"/> Multiple Remakes/Repairs
48	<input type="checkbox"/> No improvement over unaided
34	<input type="checkbox"/> Financial Reasons

If the hearing aids have been worn, please indicate whether the returned hearing aids were worn by a prospective user only as part of a bona fide hearing aid selection evaluation in the presence of a dispenser or hearing aid health professional. If the hearing aids have been worn outside the scope of a bona fide evaluation, the hearing aids are "used."¹ If the hearing aids are used, do not select the bona-fide-evaluation box.

Bona Fide Evaluation Bona Fide Evaluation

Signature acknowledges that the returned hearing aids were worn only during a bona fide hearing aid selection evaluation in the presence of a dispenser or hearing aid health professional.

_____ _____
Hearing Care Professional Signature Date

¹Used hearing aids means any hearing aid that has been worn for any period of time by a user. However, a hearing aid shall not be considered "used" merely because it has been worn by a prospective user as a part of a bona fide hearing aid evaluation conducted to determine whether to select that particular hearing aid for that prospective user, if such evaluation has been conducted in the presence of the dispenser or a hearing aid health professional selected by the dispenser to assist the buyer in making such a determination. 21 C.F.R. §801.420(a)(6).

FACTORY USE ONLY · Please do not write in this area.	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>