



RETURN FOR CREDIT FORM

Order at Rexton Online
for quick accurate service
Email: costco.cc@rexton.com



Ship To

Ship To Account Info

Name

Address

Email / Phone

Member Information

Cycle ID

HCP Contact Information

Name

| PRODUCT INFORMATION | | | | | | |
|----------------------|------------------|-------------------|---------|-----------|---------------|----------------|
| Order/Invoice Number | | | | | | |
| | Hearing Aid Left | Hearing Aid Right | Charger | Accessory | Receiver Left | Receiver Right |
| Model | | | | | | |
| Serial Number | | | | | | |
| Strength | | | | | | |
| Length | | | | | | |

| RETURN REASONS | | | | | | |
|--------------------------|--|--------------------------|--------------------------|------------------------|--------------------------|---|
| Patient Related | | Connectivity Related | | | Administrative | |
| <input type="checkbox"/> | <input type="checkbox"/> Benefit insufficient (CR01) | <input type="checkbox"/> | <input type="checkbox"/> | Cannot Charge (C22) | <input type="checkbox"/> | <input type="checkbox"/> Damaged packaging (CR06) |
| <input type="checkbox"/> | <input type="checkbox"/> Financial concern (CR02) | <input type="checkbox"/> | <input type="checkbox"/> | Cannot Program (C23) | <input type="checkbox"/> | <input type="checkbox"/> Wrong Product Delivered (CR07) |
| <input type="checkbox"/> | <input type="checkbox"/> Cannot tolerate device/amplification (CR03) | <input type="checkbox"/> | <input type="checkbox"/> | Bluetooth Issue (C23B) | <input type="checkbox"/> | <input type="checkbox"/> Wrong Device Ordered (CR08) |
| <input type="checkbox"/> | <input type="checkbox"/> Patient preferred other manufacturer (CR04) | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> Patient preferred other instrument/exchange (CR04B) | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> Illness or death (CR05) | | | | | |