

# SHIPPING LABEL: AIR

## HEARING AIDS ONLY



**RETURN FOR CREDIT FORM**

Order at Rexton Online  
for quick accurate service  
Email: [costco.cc@rexton.com](mailto:costco.cc@rexton.com)



<b>Ship To</b>	
<b>Ship To Account Info</b>	
<b>Name</b>	
<b>Address</b>	
<b>Email / Phone</b>	

<b>Member Information</b>	
<b>Cycle ID</b>	
<b>HCP Contact Information</b>	
<b>Name</b>	

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)					