

Repair Form

Sonova Singapore Pte Ltd. 8 Kallang Avenue #13-08 Aperia Tower 1, Singapore 339509



Date Sent : _____ Delivery Date : _____

Client Name/ Ref No : _____ Age : _____

Clinician Name : _____ Hearing Clinic : _____

* HA Fitting/Purchase Date : _____ Contact Number : _____

LEFT	RIGHT	ACCESSORIES
HA Model : _____	HA Model : _____	Model (1) : _____ Serial Number (1) : _____
Serial Number : _____	Serial Number : _____	Model (2) : _____ Serial Number (2) : _____

ROGER & ACCESSORIES	*Roger Fitting/Purchase Date :
Roger/ DWA Model : _____ S/N : _____	
Roger/ DWA Model : _____ S/N : _____	
Roger/ DWA Model : _____ S/N : _____	
*License installed : YES / NO	*Type of License : 02 / 03

Fault Description					
Hearing Aid/DWA/Roger/Others				Shell/ Earmould/Slim Tip	
	Left	Right		Left	Right
Dead	<input type="checkbox"/>	<input type="checkbox"/>	Wax System	<input type="checkbox"/>	<input type="checkbox"/>
Low Output	<input type="checkbox"/>	<input type="checkbox"/>	Microphone Cover	<input type="checkbox"/>	<input type="checkbox"/>
Distortion/Noise	<input type="checkbox"/>	<input type="checkbox"/>	Removal Handle	<input type="checkbox"/>	<input type="checkbox"/>
Intermittent	<input type="checkbox"/>	<input type="checkbox"/>	Battery Door	<input type="checkbox"/>	<input type="checkbox"/>
Feedback	<input type="checkbox"/>	<input type="checkbox"/>	Ear Hook	<input type="checkbox"/>	<input type="checkbox"/>
High Battery Drain	<input type="checkbox"/>	<input type="checkbox"/>	Push Button	<input type="checkbox"/>	<input type="checkbox"/>
Programming Fault	<input type="checkbox"/>	<input type="checkbox"/>	Telecoil/Wireless	<input type="checkbox"/>	<input type="checkbox"/>
				Shell Broken	<input type="checkbox"/>
				Shell Loose	<input type="checkbox"/>
				Shell Tight/Sore	<input type="checkbox"/>
				Change length	<input type="checkbox"/>
				Feedback	<input type="checkbox"/>
				Change Venting	<input type="checkbox"/>

*General Service ONLY, please do not repair. Others: _____

Remarks :

Warranty :	
Within Warranty :	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sales Warranty	1 / 2 / 3 years from the fitting date : _____
<input type="checkbox"/> Service Warranty	3 months for minor repair / 6 months for major repair from the HA collection date : _____

No quotation will be given