

**HEARING DEVICE REPAIR FORM**

**CUSTOMER SECTION**

<b>Name:</b>	<b>Date of Birth:</b> /     /
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<b>Today's Date:</b> /     /	<b>Phone:</b> (     )     -
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<b>Did you purchase your hearing device(s) from DHMC?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> <b>WALK IN REPAIR CLINIC DAY</b>
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**Problem(s) with your hearing device:**

Battery Door      Battery Drain      Cleaning      Damaged Case      Dead      Distorted  
 Intermittent      No FM Signal      Program Button      Static      Tubing      Weak  
 Other(reason): \_\_\_\_\_

**Must check and sign in order for device(s) to be looked at.**

**PLEASE check all that apply: (Price is per hearing device)**

<b><u>Hearing Device/ FM</u></b>	<b><u>RUSH REPAIR OPTION:</u></b>
<input type="checkbox"/> In-Warranty For Factory Repair Only	<input type="checkbox"/> Factory Repair <u>Express</u> Charge-\$50.00
<input type="checkbox"/> Factory Repair Charge & verification- \$250.00	<input type="checkbox"/> Mail to Patient <u>Express</u> Charge- \$50.00
<input type="checkbox"/> Re-Case / Re-Make Charge- \$65.00-\$400.00	
<input type="checkbox"/> DHMC <b>on-site</b> Cleaning / Repair Charge- \$30.00-\$180.00	
<input type="checkbox"/> <b>Ok to Send for Factory Repair</b> <input type="checkbox"/> <b>Mail when Ready</b> <input type="checkbox"/> <b>Call when Ready</b> <input type="checkbox"/> <b>MyDH when Ready</b>	

**Signature (Mandatory)X** \_\_\_\_\_

**HIS Findings:**

  
  
  

**Medical Record #:**