Warranty Type	90-Day Earmold Fit Guarantee	3-Year Earmold Manufacturer Warranty	2-Year Electronic Warranty (Monitors/Earphones)
☐ Warranty Adjustment/Repair ☐ Out-of-Warranty Adjustment/Repair *The product MUST be returned with a Warranty claim Date Warranty Placed: Lab #:	New EMI's are required for all remakes. The following are not covered unde the Fit Guarantee: Style Changes (product, size, cord, material, or colour changes), lost earmolds, when incorrect information was provided on the order form, orders made from EMI's/Casts/Scans over 5 years old, orders made from rejected EMI's, or fit issues after 90 days.	The following are not covered under the Earmold Manufacturer Warranty: Style Changes (product, size, cord, material, colour changes), lost earmolds, fit issues, anchors, filters, drivers, cables, damage from unauthorized repair or modification, misuse, abuse, accident, negligence, or improper operation or maintenance.	The following are not covered under the Electronic Warranty: Custom Earmolds, cables, damage from water, moisture or wax.
	Please Indicate Location of Fit Issue:	Please Mark Affected Area On Diagram:	Please Indicate Problem:
Date Lab Received:	☐ LEFT EAR	☐ LEFT EAR ☐ RIGHT EAR	lacktriangle Distortion or intermittency (side: $lacktriangle$ Left $lacktriangle$ Right)
			☐ Reduced or no volume (side: ☐ Left ☐ Right)
PROVIDER: PO #:	Antihelix	☐ Helix	☐ Tear, crack, or split on wire (Location:)
TROVIDER.	☐ Crus of Helix————————————————————————————————————	□ Body	□ ILM functions faulty
	□ Canal —	Canal	☐ Cable jack damage
	☐ Tragus	☐ Attachment	☐ Detachable cable connector damage
	□ Concha	Please Indicate Problem:	☐ Other (please indicate):
Customer Information	☐ Faceplate	☐ Tear, crack, or split in Silicone	,
Client Name:	☐ RIGHT EAR	☐ Attachment area tear, rip, or split	Please provide as much detail as possible:
Date of Birth:	Antihelix	☐ Manufacturer error in style of earpiece	
	□ Crus of Helix	☐ Material or workmanship defect	
Employer:	Crus of Helix	☐ Other (please indicate):	Lab Use Only
Cell Phone: Home Phone:	Tragus		Original Order Date: Warranty Completed:
		Please provide as much detail as possible:	Present Earplugs/Monitors Returned: Both Left Only Right Only
Email:	Concha		Returned with (Case, Accessories):
SHIP TO: □ Customer □ Employer □ Provider □ Pick-up □ Delive	Faceplate Please Indicate Problem:		
Address:	☐ Earplug(s) uncomfortable	2-Year Radio Accessory Warranty	WARRANTY TYPE: ☐ 90-Day Earmold Fit Guarantee Warranty Completed By:
City: Unit:	☐ Earplug(s) break seal with minimal head or jaw movement	The following are not covered under the Radio Accessory Warranty: Custom Earmolds, damage from water, moisture, or wax.	□ 3-Year Earmold Manufacturer Warranty
Prov/State: PC/Zip:	☐ Request top coat sealant	, , , , ,	☐ 2-Year Commercial Grade Radio Accessory Warranty
Mail Instructions:	☐ Request filter change From: To:	Please Indicate Problem:	☐ 2-Year Electronics Warranty (Monitors/Earphones) ☐ Out of Warranty Repair/Modification
	☐ Other (please indicate):	☐ Distortion or intermittency through transducer	RESOLUTION:
		☐ Microphone distortion	☐ Adjustment ☐ Repair ☐ Sealant ☐ Replaced Jack
Payment Method (for out-of-warranty purchases)		☐ Tear, crack, or split on wire	☐ Changed Filters: From: To: ☐ Removed Dampers
□Cash □ Debit □ MC □ VISA □ AMEX □ E-transfer □ Invoice		☐ Faulty PTT button	☐ Remake: New Impressions ☐ Remake: Original Cast/Scan ☐ Replace Driver: (side: L R) ☐ Cable Replacement
Base Price: \$ (Please provide as much detail as possible:	Cable connector damage	Other:
Option: \$ (Please provide as much detail as possible:	Other (please indicate):	Lab Notes:
Shipping: \$ (Lab Hotes.
Discount: \$ (Please provide as much detail as possible:	
Subtotal: \$Total:			
Taxes: (%) \$			