



RJS Acoustic Services, Inc.

1-800-826-3180

PO Box 821090
Vancouver, WA 98682

UPS to
12313 NE 99th St.
Vancouver, WA 98682

REPAIR REQUEST FORM

DATE _____

BILL TO:	ACCT # _____	SHIP TO: (only if different than Bill To)
CONTACT:	PHONE: _____	CONTACT: _____
		PHONE: _____

CLIENT LAST NAME: _____	FIRST _____	SHIPPING INSTRUCTIONS (REQUIRED)
HEARING AID MAKE & MODEL _____	/	[] 1 st CLASS MAIL
Left Serial # _____	Right Serial # _____	[] UPS Ground [] 3 RD Day [] Next Day
		Please select, default shipping is MAIL

SERVICE REQUEST SELECTION

In Warranty Invoice # _____

6 month Repair Warranty

12 month Repair Warranty
Please select, default is 6 mo. Warranty

Response Adjustment/Reprogram
(Audiogram required)

Rush Svc In Lab -24 hrs (extra charge)

REPAIR PROBLEM

DEAD DISTORTION

FADES High Battery Drain

NOISY WEAK

OTHER: _____

No Rush Service is available with Earmold and Recase orders. (48 hrs in laboratory required)

Earmold MOLD STYLE OR # _____

VENT SIZE SMALL MEDIUM LARGE IROS SAV

Recase for:

Same User

New User (audiogram required)

STYLE	LENGTH	COLOR	VENT
CIC	LONG	PINK	SMALL
CANAL	MED	TAN	MED
HALF SHELL	SHORT	BROWN	LARGE
FULL SHELL		CLEAR	IROS
			SAV

Air					Right
Bone					
Air					Left
Bone					

SPECIAL INSTRUCTIONS