

## Dropbox Service Request

Patient's Name: \_\_\_\_\_

Contact Telephone: (home and mobile) \_\_\_\_\_

Email Address: \_\_\_\_\_

Hearing Aid Make and Model: \_\_\_\_\_

**BE SURE TO POWER DOWN YOUR HEARING AID(S) and put them in an envelope or Ziploc bag with this Service Request form prior to dropping in the Dropbox. Large charger cases will not fit in the Dropbox.**

Service Requested:

Clean & Check    Repair    Adjustment    Other: \_\_\_\_\_

Describe the problem you are having: \_\_\_\_\_

Supplies Needed:

Batteries: Size \_\_\_\_\_ # Boxes \_\_\_\_\_    Wax Traps: # Packs \_\_\_\_\_    Audiowipes: # Canisters \_\_\_\_\_

Domes: Quantity R \_\_\_\_\_ L \_\_\_\_\_ state size and type, if known: \_\_\_\_\_

Storage Case (hard) \_\_\_\_\_ Storage Case (soft pouch) \_\_\_\_\_    Hearing Aid Dryer

Other: \_\_\_\_\_