

RIC RECEIVER



Bill To: _____ Account # _____

Contact: _____ Phone: _____

Ship To: _____ Account # _____

Contact: _____ Phone: _____

Patient Name		First	Date
Last			
Left Serial #		Right Serial #	PO #

Replacement

Returning defective receiver needed – request replacement.

Enter quantity needed:

Size	1	2	3	4	5
40 L					
40 R					
50 L					
50 R					

Other

Type _____ Quantity _____

Total: Replacements

Reason:

Exchange

Exchanging for different side, size or gain.

Check Here

If analysis is requested.

Return For Credit

Returning receiver for a credit **(must have invoice #)**.

Reason:

mPOWER NOTICE

If remake or repair is needed on mPower, please use Custom Repair Form.