

**SHIP TO**      Acc't #:

Office: \_\_\_\_\_

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

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

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_

P.O.

3rd Party bill-to (if applicable): \_\_\_\_\_

**1 CONTACT INFORMATION:**

Date: \_\_\_\_\_ Office phone: \_\_\_\_\_

Office contact: \_\_\_\_\_

**2 PATIENT DATA:**

Patient's name:

LAST:

FIRST:

**3 SERIAL NUMBER INFORMATION:**

**LEFT** instrument:

SN: \_\_\_\_\_ Model: \_\_\_\_\_

**RIGHT** instrument:

SN: \_\_\_\_\_ Model: \_\_\_\_\_

ReSound accessories:

SN: \_\_\_\_\_ Model: \_\_\_\_\_

SN: \_\_\_\_\_ Model: \_\_\_\_\_

SN: \_\_\_\_\_ Model: \_\_\_\_\_

**4 REPLACEMENT ACCESSORIES:**

**Please send:** Please specify size as needed

**NO-CHARGE ITEMS (included in deductible):**

**Batteries—zinc-air**

- 13
- 312
- 10A
- 675
- Storage case
- Cleaning cloth
- Cleaning brush
- Tubing cleaner
- User guide

**ADDITIONAL ITEMS:**

	<i>quantity</i>	<i>price</i>
Batteries—rechargeable .....	2/pack	\$29.95
<input type="checkbox"/> 312		
<input type="checkbox"/> 10A		
Tubes .....	5/pack	\$7.50
<input type="checkbox"/> Thin Tubes (Mini BTE)		
Size: _____		
Domes .....	5/pack	\$5.00
<input type="checkbox"/> Size small open		
<input type="checkbox"/> Size medium open		
<input type="checkbox"/> Size large open		
Power domes .....	10/pack	\$10.00
<input type="checkbox"/> Small power		
<input type="checkbox"/> Medium power		
<input type="checkbox"/> Large power		

**5 CLAIM DETAILS:**

(PLEASE PRINT CLEARLY)

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