



Return for Credit Form

Earlens Account # _____ Today's Date: ___ / ___ / _____ (mm/dd/yyyy)

Clinic Name: _____

Contact Name: _____

Patient Name: _____

FedEx Tracking # _____ Device Fitting Date: ___ / ___ / _____ (mm/dd/yyyy)

Device Returned (select all that apply)

Tympanic Lens: Left Right **Ear Tip:** Left Right **Processor:** Left Right **Charger & Cord:**

Primary Reason for Return (select one)

- No Perceived Benefit
- Did Not Like Cosmetics
- Sound Damping without Processor On
- Performance in Noise
- Product too Complicated
- Frequency of Malfunction or Replacement
- Whistling/Feedback
- Autophony
- Other (please explain below)
- Comfort or Retention Issues
- Price (cost too much for expected benefit)
- Fullness

Action Taken (select all that apply)

- Patient Fit with Another Hearing Aid:
 BTE RIC ITC
 CIC Lyric
- Old Hearing Instrument Preferred:

- No Hearing Instrument Preferred
 Instrument Selected from Different Vendor: _____

Please explain how Earlens could improve your patients Hearing experience or provide any additional detail:

You can submit your return by emailing a scanned copy of the completed form to customer care@earlens.com or Fax to 1-844-830-9995. Once your return is received, Earlens will send you a confirmation of the return.

Please FedEx all equipment to:

Earlens Corporation, Attention: Customer Care, 4045-A Campbell Ave, Menlo Park, CA 94025, Phone (844) 234-5367

By clicking this you agree to all applicable terms and conditions. These terms and conditions can be found at www.earlens.com/salesterms.