



Inductive Replacement Parts Order Form

Patient Name		Ship To Address		Today's Date:
Clinic Name	Physician Name:		Audiologist Name:	Earlens Account #
Appointment Date:	FedEx Tracking #	New Impressions Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No Open mouth? <input type="checkbox"/> Yes <input type="checkbox"/> No Exostosis Present: <input type="checkbox"/> Yes <input type="checkbox"/> No Provide Additional Information in the Comment Section on the Back Page.		

Lens Replacement		Processor Replacement																																																																																																																																																																															
<input type="checkbox"/> Left Lens, SN# <input type="checkbox"/> Right Lens, SN# Reason (Check all that apply) <table border="0"> <tr> <td>L</td> <td>R</td> <td>OUTPUT ISSUES</td> <td>L</td> <td>R</td> <td>DEVICE CONTACT - AFTER PLACEMENT</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>No Output</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Coil or Grasping Tab Contact</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Damping / Autophony</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other Contact</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Wax / Debris</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td>DAMAGED</td> <td colspan="3">DEVICE CONTACT - COULD NOT DELIVER</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Non-Functional Out of</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Coil or Grasping Tab Contact</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Box Removal or Cleaning</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other Contact</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Patient Induced</td> <td colspan="3">OTHER</td> </tr> <tr> <td colspan="2"></td> <td>DISPLACEMENT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Keratin Build Up</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Cerumen Impaction</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Infection</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Patient Induced</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Dry Canal</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Oil Pooling</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Poor Fit Since Initial Placement</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Poor Fit After Cleaning/Repositioning</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Unknown / None of the Above</td> <td></td> <td></td> <td></td> </tr> </table>		L	R	OUTPUT ISSUES	L	R	DEVICE CONTACT - 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Please provide any additional information or requests:

Request call from Earlens Customer Care

Please allow 7 business days for all Ear Tip and Lens Remakes.

By clicking this you agree to all applicable terms and conditions. These terms and conditions can be found at www.earlens.com/salesterms
If you have any questions or need assistance call Earlens Customer Care at **+1 (844) 234-LENS**.
Please FedEx all impressions to: **Earlens Corporation, Attention: Receiving Department, 4045A Campbell Avenue, Menlo Park, CA 94025.**

You can submit your order by attaching the completed form and emailing it to **customercare@earlens.com** or fax to **1 844-830-9995**. Once your order is received, Earlens will send you a confirmation of your order.