



Component and Service Extension Order Form

Earlens Account # _____

Patient Name: _____

Clinician Name: _____

Clinic Name: _____

Clinic Address: _____

Phone: _____ Email: _____

Extension Type

- 1 Year Binaural System Warranty Extension **with** Premium Service Plan Extension \$ 2,000
- 1 Year Binaural System Warranty Extension **without** Premium Service Plan Extension \$ 1,000
- 1 Year Monaural System Warranty Extension **with** Premium Service Plan Extension \$ 1,500
- 1 Year Monaural System Warranty Extension **without** Premium Service Plan Extension \$ 500

Clinician Signature _____ Date: ____ / ____ / _____ (mm/dd/yyyy)

System Warranty Extension covers the device only and does not protect against loss or damage.

Premium Service Plan Extension includes 5 annual ENT and Audiologist visits.

You can submit your completed order form by emailing a scanned copy to customercare@earlens.com.