



## 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)

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

### Action Taken (select all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Patient Fit with Another Hearing Aid:                         | <input type="checkbox"/> Old Hearing Instrument Preferred: | <input type="checkbox"/> No Hearing Instrument Preferred                  |
| <input type="checkbox"/> BTE <input type="checkbox"/> RIC <input type="checkbox"/> ITC | _____  | <input type="checkbox"/> Instrument Selected from Different Vendor: _____ |
| <input type="checkbox"/> CIC <input type="checkbox"/> Lyric                            |  |   |

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](mailto: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, 1165 O'Brien Drive, 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](http://www.earlens.com/salesterms).