



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 Next 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 R OUTPUT OR CALIBRATION ISSUE</td><td>L R PERCEPTUAL ISSUES</td></tr><tr><td><input type="checkbox"/> <input type="checkbox"/> Low Output / Poor Calibration with no fit issue</td><td><input type="checkbox"/> <input type="checkbox"/> Damping (e.g., muffled sounding with no processor)</td></tr><tr><td>DAMAGED / NON FUNCTIONAL</td><td><input type="checkbox"/> <input type="checkbox"/> Autophony (e.g., own voice issue with no processor)</td></tr><tr><td><input type="checkbox"/> <input type="checkbox"/> No Output</td><td>OTHER</td></tr><tr><td><input type="checkbox"/> <input type="checkbox"/> Physical /Visible Damage</td><td><input type="checkbox"/> <input type="checkbox"/> Infection</td></tr><tr><td>FIT ISSUES</td><td><input type="checkbox"/> <input type="checkbox"/> Excessive Debris / Cerumen / Unable to Clean</td></tr><tr><td><input type="checkbox"/> <input type="checkbox"/> Displacement</td><td><input type="checkbox"/> <input type="checkbox"/> Other (please describe in comments)</td></tr><tr><td><input type="checkbox"/> <input type="checkbox"/> Fit Issue at Initial Placement</td><td></td></tr><tr><td><input type="checkbox"/> <input type="checkbox"/> Unable to Deliver</td><td></td></tr><tr><td><input type="checkbox"/> <input type="checkbox"/> Device Contact After Placement</td><td></td></tr><tr><td><input type="checkbox"/> <input type="checkbox"/> Fit Issue at Follow-Up (e.g., developed over time)</td><td></td></tr></table>			L R OUTPUT OR CALIBRATION ISSUE	L R PERCEPTUAL ISSUES	<input type="checkbox"/> <input type="checkbox"/> Low Output / Poor Calibration with no fit issue	<input type="checkbox"/> <input type="checkbox"/> Damping (e.g., muffled sounding with no processor)	DAMAGED / NON FUNCTIONAL	<input type="checkbox"/> <input type="checkbox"/> Autophony (e.g., own voice issue with no processor)	<input type="checkbox"/> <input 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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, 1165 O'Brien Drive, Menlo Park, CA 94025.**

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