



JTS ENGINEERING SERVICES, LLC
dba: ALL SOUNDS HEARING SERVICE
REPAIR FORM

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SECTION 1: TO BE COMPLETED BY CUSTOMER

| | | | |
|--|--|---|--|
| REPAIR TYPE (CHECK ONE): | <input type="checkbox"/> NEW REPAIR <input type="checkbox"/> REMAKE/CUSTOM (PLEASE FILL OUT REMAKE FORM) <input type="checkbox"/> RE-REPAIR (IN WARRANTY) *ALL SOUNDS COVERS ONE-WAY SHIPPING BACK FOR RE-REPAIRS* <input type="checkbox"/> 24 HR SERVICE RUSH - *IF RUSH IS NEEDED, PLEASE NOTE, CALL, OR EMAIL US* | | |
| DATE: | | <input type="checkbox"/> SALVAGE CREDIT (CHECK IF INCLUDED): *\$5.00 EACH BTE/CUSTOM* *LIMIT <u>1</u> SALVAGE CREDIT PER NEW REPAIR | |
| ACCOUNT#/COMPANY: | | | |
| EMAIL ADDRESS: | | <input type="checkbox"/> *CHECK BOX IF SHIP TO PATIENT* SHIP TO NAME/ADDRESS (IF DIFFERENT) | |
| PHONE #: | | | |
| CONTACT NAME: | | | |
| ADDRESS: | | | |
| CITY, STATE, & ZIP: | | | |
| PATIENT NAME: | | | |
| MAKE/MODEL: | | | |
| SERIAL #: | LEFT: | RIGHT: | |
| CHECK ISSUES/COMPLAINTS WITH DEVICE(S) | | | |
| <input type="checkbox"/> DEAD <input type="checkbox"/> WEAK <input type="checkbox"/> FEEDBACK <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> SWITCH <input type="checkbox"/> VOL CTRL <input type="checkbox"/> DISTORTED <input type="checkbox"/> DAMAGED <input type="checkbox"/> RECASE/REMAKE <input type="checkbox"/> OTHER (SPECIFY IN SPECIAL INSTRUCTIONS) | | | |
| SPECIAL INSTRUCTIONS: <input type="checkbox"/> SPOT REPAIR ONLY | | | |
| SHIPPING COSTS: Please check shipping method & direction. (You may use your own shipping labels, & include a return label) | | <input type="checkbox"/> USPS FC <input type="checkbox"/> USPS PRIORITY <input type="checkbox"/> FEDEX 2-DAY <input type="checkbox"/> OVERNIGHT FED-EX <input type="checkbox"/> RET'N LABEL INCLOSED | <input type="checkbox"/> ONE-WAY <input type="checkbox"/> ROUND-TRIP <input type="checkbox"/> NEED EXTRA LABELS |
| WARRANTY INFO: | *STANDARD REPAIR – INCLUDES 6-MONTH WARRANTY (ANSI GRAPH, PROGRAM SHEET) | | |
| | *NO WARRANTY - SPOT REPAIR (PULLSTRING, CANAL LOCK, LOOP, SOFTCOAT, WAXGUARD) | | |
| | <input type="checkbox"/> *ADDITIONAL 6-MONTH WARRANTY | | |

SECTION 2: TO BE COMPLETED BY ASH (Attach another sheet if 2 HA's, check : LEFT RIGHT)

DATE REC'D: _____ **RIC:** YES NO **ACC'S:** _____ **SALVAGE:** YES NO

| | |
|--|--|
| TECH (REPAIR/REPLACE) – CHECK ALL IF APPLICABLE. | |
| <input type="checkbox"/> MIC <input type="checkbox"/> HOOK <input type="checkbox"/> REPLATE <input type="checkbox"/> RECASE/HOUSING <input type="checkbox"/> SWITCH/BUTTON <input type="checkbox"/> VOL CTRL <input type="checkbox"/> RIC <input type="checkbox"/> REC <input type="checkbox"/> WINDSCREEN/WINDOWOOD <input type="checkbox"/> T-COIL/WIRELESS COIL <input type="checkbox"/> EARMOLD TUBING/SOUND STUD <input type="checkbox"/> SUSP/RETUBE <input type="checkbox"/> WAXGUARD <input type="checkbox"/> BATT DOOR/HINGE PIN <input type="checkbox"/> BONE CONDUCTOR CORD <input type="checkbox"/> NEW R/C BATTERY <input type="checkbox"/> RIC PURCHASE <input type="checkbox"/> NEW CIRCUIT (NEW SN: _____) <input type="checkbox"/> RIC REPLACEMENT <input type="checkbox"/> SPOT REPAIR ONLY <input type="checkbox"/> OTHER | |
| ● SAVE USER SETTINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| NOTES: | |