

Date: ...../...../.....

Stick label here if any

## Patient information\*

First name: .....

Last name: .....

- Unilateral implantation  
 Bilateral implantation    Left ear    Right ear

## Contact information\*

Contact name: .....

Email: .....

## Current sound processor information

Serial number\*: .....

Model: .....

## Return reason\*

- Intermittent sound
- Distorted/reduced sound
- Noisy sound
- No sound perceived
- Annual check
- Insufficient battery life
- Volume wheel
- Push button<sup>1</sup>
- Program selector
- Indicator light
- Battery door/Battery cartridge Zn-Air<sup>1</sup>
- Rechargeable battery/Charger<sup>1</sup>
- Connection issues (to detail in the comment)
- Tamper option
- Broken shells/accessory
- Sound processor wet (moisture/water)
- Dead on arrival
- Exchange colour
- Customer changed mind
- Does not meet expectations
- Wrong item ordered/delivered
- Other

<sup>1</sup>Only specific to Neuro 2 sound processors.

## Detailed description of the symptom

## Bill to\*

Phone: (    ) .....

Fax: (    ) .....

Name: .....

Address: .....

City: .....

Province: .....

Postal code: .....

Country: .....

## Ship to (if different from "Bill to")

Phone: (    ) .....

Fax: (    ) .....

Name: .....

Address: .....

City: .....

Province: .....

Postal code: .....

Country: .....

## Exchange program Yes No

Serial number of the replacement  
 sound processor: .....

*Note: To deliver you the best service as possible, Neuro 2 and Neuro One faulty sound processors are only dealt with through the standard exchange program.*

## Warranty

- Under warranty
- Out of warranty
- Unknown

*Local customer service – contact details*

\* Required information

*For further information, please contact your local Oticon Medical customer service or Oticon Medical distributor. Contact details are available on the website.*