



REPAIR ORDER FORM

Nova*Sonic
P.O. Box 40306
St. Paul, MN 55104-8306

4565 Panther Place
Charlotte, NC 28269
Toll Free Telephone 1-800-843-0133

Date _____ Email Address _____

Name _____ Phone Number _____ Best time to reach you _____

Street _____ City _____ State _____ Zip Code _____

SERVICE WARRANTY INFORMATION

Hearing Aid #1

Hearing Aid #2

Make _____ Make _____

Model _____ Model _____

Serial No. _____ Serial No. _____

In Guarantee Invoice # _____ In Guarantee Invoice # _____

Client's name as to appear on Warranty Card (please print) _____

DEFECTS AND COMMENTS

Weak

Noisy

Fades

Distorted

Case Defect

Intermittent

Dead

Gain Control

Feedback

Excess Battery Use

(How long do batteries last?) _____

Additional Comments _____

(CONTINUE TO NEXT PAGE)

CHARGES

Basic Repair Charges	6 Month Warranty	1 Year Warranty
ITE or Canal	___\$69	___\$89
ITE or Canal (Digital or Programmable)	___\$89	___\$109
CIC	___\$89	___\$109
CIC (Digital or Programmable)	___\$109	___\$129
BTE	___\$99	___\$119
BTE (Digital or Programmable)	___\$109	___\$129
Reconditioning/Remaking Hearing Aids	N/A	1 Year Warranty
ITE or Canal Remake		___\$179
ITE (Digital or Programmable) Remake		___\$199
CIC (Digital or Programmable) Remake		___\$209
Special Charges		
ITE or Canal Replate		___\$60
ITE or Canal Reshell		___\$70
CIC Replate		___\$70
CIC Reshell		___\$80
Program hearing aid		___\$35

Hearing Aid #1 . (Basic Repair Charge or Reconditioned Aid) Charge \$ _____

Hearing Aid #2 . (Basic Repair Charge or Reconditioned Aid) Charge \$ _____

Additional Charges Aid #1 . (if applicable) Charge \$ _____

Additional Charges Aid #2 . (if applicable) Charge \$ _____

SUB TOTAL \$ _____

Shipping & Handling \$10.00

TOTAL Amount Enclosed _____

Check # _____

Ship to:

Nova*Sonic
P.O. Box 40306
St. Paul, MN 55104-8306

Signature & Date

CONTACT NOVA*SONIC IF YOU HAVE QUESTIONS AT 1-800-843-0133