HEARING AID REPAIR FORM

Please complete this form and include it with your repair shipment.

SHIP REPAIRS TO:
Direct Ear - Repairs
620 E. Main St.
Lancaster, Ohio 43130

CUSTOMER INFORMATION

Name _____ **Phone** _____

Address _____

City _____ **State** _____ **ZIP** _____

Email _____

HEARING AID INFORMATION

Brand _____ **Model (if known)** _____

Purchased Through

☐ Amazon ☐ eBay ☐ Website ☐ Other

What's wrong? Please describe the problem.

Items Included With Repair

☐ Right Aid ☐ Left Aid ☐ Charger ☐ Other

Before shipping: Place this completed form inside the package with the hearing aid(s).

Please package devices securely to help prevent shipping damage.