



REQUEST FOR REPAIRS, AND/OR ACCESSORIES

INSTRUCTIONS

WHEN REPAIRS ARE NEEDED

1. Please complete items 1 through 8 and check appropriate box in Section I - Repairs that best explains your reason for returning the device for repairs.
2. Wrap device (including transmitter, receiver, cords, tubing, etc.) in a protective foam blanket or some other protective product and place in a postal pouch with this form and mail too: Department of Veterans Affairs, Denver Distribution Center, P.O. Box 25166, Denver, CO 80225-0166. DO NOT SEND earmold, presentatin case, eyeglass fronts, etc.

WHEN ACCESSORIES ARE NEEDED FOR THIS DEVICE

1. Please complete items 1 through 8 and Section II - Accessories. Indicate item(s) needed, cords, rubing, wax guards, earhooks, etc. Please indicate length when ordering cords or straight tubing.
2. Place defective items (cords or tubing if necessary) in a postal pouch along with this form and mail too: Department of Veterans Affairs, Denver Distribution Center, P.O. Box 25166, Denver, CO 80225-0166.

1. LAST NAME, FIRST NAME, MIDDLE INITIAL	2. DATE OF BIRTH (MM/DD/YYYY)	3. LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NO.	4. DATE MAILED (MM/DD/YYYY)
5. HOME MAILING ADDRESS		DEVICE INFORMATION	
		6. MAKE	7. MODEL
		8. SERIAL NUMBER(S)	

SECTION I - REPAIRS

1. DESCRIPTION OF DEFECTS (Check appropriate box(es))

- | | | | | |
|--------------------------------|--------------------------------|---------------------------------------|--------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> DEAD | <input type="checkbox"/> FADES | <input type="checkbox"/> INTERMITTENT | <input type="checkbox"/> MOISTURE DAMAGE | <input type="checkbox"/> TELE COIL DEAD/WEAK |
| <input type="checkbox"/> NOISY | <input type="checkbox"/> WEAK | <input type="checkbox"/> DISTORTED | <input type="checkbox"/> EXCESSIVE BATTERY DRAIN | <input type="checkbox"/> FEEDBACK |

SECTION II - ACCESSORIES

1. ITEM(S) NEEDED
2. REMARKS