Universal Hearing Aid Repair Form

London EarLab

Client Name		**Date**	
Email		**Tel**	
Invoice Address		**Delivery Address**	

PROBLEM TYPE
(PLEASE TICK BELOW)

FIT		CONDITION		CASING		OUTPUT	
Feedback	☐	Dead	☐	Cracked shell	☐	No output	☐
Loose	☐	VC broken	☐	Hole in shell	☐	Weak	☐
Wrong canal direction	☐	Wheel off VC	☐	Broken battery drawer	☐	Distorted	☐
Tight helix	☐	Loose VC	☐	Hinge pin broken	☐	Noisy	☐
Tight canal	☐	Tight VC	☐	Battery stuck in aid	☐	Tinny	☐
Tight all over	☐	VC intermittent	☐	Face plate off	☐	Too strong	☐
Tight anti-tragus	☐	Internal feedback	☐	Hole in vent	☐	Too weak	☐
Canal too long	☐	Broken switch	☐	Allergy problem	☐	Barrel sound	☐
Canal too short	☐	Damaged cross cord	☐	Other (describe below)	☐	Circuit noise	☐
Other (describe below)	☐	Water damage	☐			Static Noise	☐
		Fades	☐			Booming	☐
		Accessory missing/ required	☐			Other (describe below)	☐
		Remove accessory	☐				
		Other (describe below)	☐				

Please describe in more detail the problem with the hearing aid(s):

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