

# Hearing Aid Return / Exchange Form

Use this form when your patient is returning or exchanging their hearing aids. Please complete this form and mail it back with original hearing aid order to **Starkey – ATTN: Start Hearing Returns**.

*Please complete the following information: Please check box that apply to request*

**Patient name:** \_\_\_\_\_

**Return – no exchange (Must be within 90-Day Return Policy):**

- Reason for return: \_\_\_\_\_
- Hearing aid Make & Model: \_\_\_\_\_
- Serial Number(s): \_\_\_\_\_  
Left ear Right ear

**Standard / Mixed Exchange (RIC or BTE):**

- Exchange to: Hearing aid Make & Model: \_\_\_\_\_
  - Color: \_\_\_\_\_ Receivers (length & gain): \_\_\_\_\_
- AP Receiver / Earmold:
  - Scan on file: \_\_\_\_\_  
Left ear Right ear
- Sending new impressions

**Custom Exchange (New order form is required):**

- Using scans on file:
  - Serial Number(s): \_\_\_\_\_  
Left ear Right ear
- Sending new impressions

\_\_\_\_\_  
**Provider Signature**

\_\_\_\_\_  
**Date Signed**