

Hearing Aid Repair Form

Please fill out all the details below as accurately as possible.

Use a separate form for each hearing aid.

NAME:

ADDRESS:

TELEPHONE NO:

E-MAIL ADDRESS:

HEARING AID MAKE:

SERIAL NO:

UNDER WARRANTY:

FAULT:

Once we have received your device and diagnosed the problem, we will contact you with a quote for the repair. We will not carry out any repairs until we have your authorisation.

Send your hearing aid(s) and form to:

Darroch Hearing Clinics, PO Box 26221, Kilmarnock, KA1 9FJ.

Please ensure your hearing system is properly packaged to prevent damage in transit.