

Customers Name: _____
 Band/Artist Name(if applicable): _____ Date: _____
 Email: _____ Phone #: _____
 Shipping Address: _____
 City _____ State/Province _____
 Zip Code _____ Country _____

PLEASE RETURN IMPRESSIONS WITH EVERY REPAIR AND REFIT, THANK YOU!

FIT ISSUES

What side are you having fit issues with?

LEFT RIGHT BOTH

What area of the ear are you having issues with?

Please use the diagram to the right for reference to the anatomy of the ear >>>>

Please describe in full detail what is causing the fit issues, be as accurate as possible so that the lab can be certain of how to proceed with the refit.



Sourced from Head-Fi.org, this image is not property of InEarZ Audio.

REPAIR

PLEASE FOLLOW OUR TROUBLESHOOTING GUIDE BEFORE PROCEEDING!!

What side are you having sound issues with?

LEFT RIGHT BOTH

Describe the problems you are having in detail.(poor sound, no sound, etc)

Any additional comments or concerns regarding fit or sound?

Please send this form to:
 3940 ST. Johns Parkway Sanford, FL 32771
 1-844-855-EARZ kaysen@fisherhearing.com

OFFICE USE ONLY

Repair recieved: