



Name: _____

Phone # _____ Date _____

Brand of hearing aid _____

Please Circle: **Left** **Right** **Both**

Ship to: _____

What is wrong with the hearing aid?

Dead **Weak** **Static** **Distorted** **Other (Briefly explain)**

Options:

6-month warranty **\$30**

1-year warranty **\$40**

Reshell (Impression needed) **\$45**

Add t-coil **\$20**

Total rebuild with all new parts **\$175**

New aid any size **\$250**

New BTE **\$350**

New Open Fit **\$450**

60 batteries (any size) **\$30**

Shipping Methods

First Class	Priority 2-3 days	Next Day USPS
\$5.00	\$10.00	\$20.00

Payment with Order

Check **Credit** **Money Order**

Total: _____

Expert Aid Repair
405 Seminole Lake Boulevard
Plant City, Florida 33563

PHONE 813-359-3582
FAX 813-752-5169

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