



Advanced Bionics  
**REPLACEMENT PRODUCT  
 REGISTRATION FORM**



Thank you for choosing Advanced Bionics. To ensure coverage under your Advanced Bionics limited warranty, please follow these simple steps.

**RMA #**

**1. Please Fill In (\*Required Information)** \*Note to centers -- Merit will not be honored for incomplete forms

<b>*Date of Replacement</b>			<b>*Signature (who is completing form?)</b>		
MONTH	DAY	YEAR			
<b>*Serial Number for New Replacement</b>					
<b>* WRITE S/N FOR NEW ITEM HERE</b>				OR	
<b>ITEM TO RETURN</b> Model No:			Serial No:		<b>Place included barcode sticker here</b>

**2. Verify Patient Information -- Is this information correct?** (Please write in any necessary corrections)

Last Name		First Name		M. Initial	Date of Birth		
					Month	Day	Year
Street Address				Street Address 2			
City		State		Country		Zip/Postal Code	
Telephone: Home (Voice)		Home (TDD)		Work (Voice)		Work (TDD)	
Fax		E-mail Address(es)				Patient ID Number	
Current Clinic Name (City, State)				Clinic Telephone No		Clinic Fax	
Medical Professional / Audiologist on Record							

Warranty Start Date:                      Warranty End Date:

**3. Return form (mail in with product being returned or Fax to the number below)**

**Mail:**            Advanced Bionics Corporation            or            **Fax:** (661) 362-7795  
 25129 Rye Canyon Loop  
 Valencia, CA 91355  
 Attn: Customer Service  
 Tel.: 800-678-2575

If you are covered by a CLARION service contract, the return of this completed is a stated condition of your service contract. Information on this card will be collected and used in accordance with legal requirements concerning data protection and confidentiality.