



**Product Return Form**

[PRINT]

Please fill out the fields below:

1. Name:

---

2. E-Mail:

---

3. Telephone Number:

---

4. Product Name(s):

---

5. Serial Number(s):

---

6. Please indicate the reason for returning the product:

---

---

7. Return Merchandise Authorization (RMA) Number:

---

8. Comments

Please return this form along with your product(s) to iHear at the following address:

iHear Medical, Inc.  
15250 Hesperian Blvd. Suite 102  
San Leandro, CA 94578  
Phone: (510) 276-4437

Please insure the package, get a tracking number and/or have a signature confirmation to ensure delivery of the product(s) to us. Note that we cannot be held responsible for any lost or damaged shipments.