

LEGACY RIC EARMOLD ORDER FORM

1.800.392.9932 FAX 952.852.1990

BILL TO

Acc't #:

Office: _____

Address: _____

Address: _____

City/State: _____

Zip: _____ P.O.

SHIP TO

Acc't #:

Date: _____ Phone: _____

Contact name: _____

Email: _____

Facility: _____

Address: _____

Address: _____

City/State: _____

Zip: _____

- RACHAP
- ACTIVE DUTY
- INDIAN HEALTH
- OTHER

1 PATIENT DATA:

Patient's name: _____ SSN:

LAST:

FIRST:

Previous user: YES NO

Audiogram data:

250 500 750 1k 1.5k 2k 3k 4k 6k 8k

Left air:

Right air:

ATTACH COPY OF AUDIOGRAM, OR FILL IN ABOVE

Impression information:

Type: Open jaw Closed jaw

Ear consistency: Soft Average Firm

2 SPECIAL INSTRUCTIONS:

CHANGES MAY BE MADE WITHOUT CALLING

(for example: battery size, venting or wax protection modifications)

Other instructions—PLEASE PRINT CLEARLY

PLEASE SEND:

- Earmold order form—MK602378
- Air bills
- Other: _____
- Impression mailers

3 MODEL AND OPTIONS



SKELETON		CANAL LOCK		CANAL		RIC MICROMOLD		N-CASE MICROMOLD	
L	R	L	R	L	R	L	R	L	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Write in RIC power level to be fitted →

Material	Hard (acrylic) <input type="checkbox"/>	Soft (silicone) <input type="checkbox"/>							
Faceplate Color	Light (1) <input type="checkbox"/>	Beige (5) <input type="checkbox"/>	Medium (2) <input type="checkbox"/>	Dark (3) <input type="checkbox"/>	Espresso (4) <input type="checkbox"/>	Anthracite (10) <input type="checkbox"/>			
Shell Color	Clear <input type="checkbox"/>	Rose <input type="checkbox"/>	Light (1) <input type="checkbox"/>	Beige (5) <input type="checkbox"/>	Medium (2) <input type="checkbox"/>	Dark (3) <input type="checkbox"/>	Espresso (4)* <input type="checkbox"/>	EarLusion light <input type="checkbox"/>	Blue/Red <input type="checkbox"/>
Vent type	Factory select† <input type="checkbox"/>	MOV <input type="checkbox"/>	SAV <input type="checkbox"/>	Pressure <input type="checkbox"/>	IROS <input type="checkbox"/>	Semi-IROS <input type="checkbox"/>	None <input type="checkbox"/>		
Canal length	Factory select† <input type="checkbox"/>	As marked <input type="checkbox"/>							
Wax protection	Factory select† <input type="checkbox"/>	HF3 <input type="checkbox"/>	CeruSTOP™* <input type="checkbox"/>						
Other	Removal cord <input type="checkbox"/>	Blue/Red dots <input type="checkbox"/>	Patient initials <input type="checkbox"/>						

AVAILABLE DEFAULT

† Factory select: Lab chooses most appropriate option (based upon style selection and audiogram data)

* Options only available in HARD material

▲ HARD RIC micromold not available with S-Receiver

Special options may be accommodated upon request—see Earmold Styles Guide

(#) Color keychain reference

* Receivers are NOT field replaceable. Factory service is required to replace receivers.

Earmold-Receiver Compatibility

Legacy Models

	N-CASE* (Hard Acrylic Only)	Soft	Hard
UP	✓		
HP	✓	✓	✓
NP	✓	✓	✓
S		✓	

