



1. Customer Information

SHIP TO
 ACCT # Date _____
 Name _____
 Street _____
 City _____ State _____ Zip _____

BILL TO
 Name _____
 PO _____
 Contact Name _____
 Phone Number _____

2. Patient Information

Last name _____
 First name _____
 Last 4 digit SSN# _____

Audiogram

| | | | | | | | | | | |
|----------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | 250 | 500 | 750 | 1K | 1.5K | 2K | 3K | 4K | 6K | 8K |
| Left AC | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Right AC | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

3. Product

| Model | Rechargeable Mini RIC 60 | Rechargeable RIC 61 | RIC 61 (#312) | Standard RIC 62 (#13) | Earmold Only (Go to next page) |
|----------------------|---|---|---|---|---|
| ReSound OMNIA | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> L <input type="checkbox"/> R |
| ReSound LiNX Quattro | | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> L <input type="checkbox"/> R |

4. Colors

| ReSound OMNIA | | ReSound LiNX Quattro | | | |
|-----------------------|---|----------------------|---|------------------------------|---|
| Gold (70) | <input type="checkbox"/> L <input type="checkbox"/> R | Dark Brown (4) | <input type="checkbox"/> L <input type="checkbox"/> R | Anthracite (10) | <input type="checkbox"/> L <input type="checkbox"/> R |
| Warm Grey (71) | <input type="checkbox"/> L <input type="checkbox"/> R | Beige (5) | <input type="checkbox"/> L <input type="checkbox"/> R | Silver (11) | <input type="checkbox"/> L <input type="checkbox"/> R |
| Espresso (72) | <input type="checkbox"/> L <input type="checkbox"/> R | Light Blonde (6) | <input type="checkbox"/> L <input type="checkbox"/> R | Pearl white (12) | <input type="checkbox"/> L <input type="checkbox"/> R |
| Deep Black (73) | <input type="checkbox"/> L <input type="checkbox"/> R | Medium Blonde (7) | <input type="checkbox"/> L <input type="checkbox"/> R | Sterling Grey (14) | <input type="checkbox"/> L <input type="checkbox"/> R |
| Bronze (74) | <input type="checkbox"/> L <input type="checkbox"/> R | Black (9) | <input type="checkbox"/> L <input type="checkbox"/> R | (#) Color keychain reference | |
| Champagne (75) | <input type="checkbox"/> L <input type="checkbox"/> R | | | | |
| Sparkling Silver (76) | <input type="checkbox"/> L <input type="checkbox"/> R | | | | |
| Graphite (77) | <input type="checkbox"/> L <input type="checkbox"/> R | | | | |

5. Receivers, Domes and Earmolds

| Power Level | Receiver Length | Domes | Dome Size |
|--------------------|---|---|--|
| M&RIE (MM)* | <input type="checkbox"/> L <input type="checkbox"/> R | Size 0: <input type="checkbox"/> L <input type="checkbox"/> R | Open: <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L |
| Low Power (LP) | <input type="checkbox"/> L <input type="checkbox"/> R | Size 1: <input type="checkbox"/> L <input type="checkbox"/> R | Closed: <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L |
| Medium Power (MP) | <input type="checkbox"/> L <input type="checkbox"/> R | Size 2: <input type="checkbox"/> L <input type="checkbox"/> R | Power: <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L |
| High Power (HP) | <input type="checkbox"/> L <input type="checkbox"/> R | Size 3: <input type="checkbox"/> L <input type="checkbox"/> R | Tulip: <input type="checkbox"/> L <input type="checkbox"/> R N/A |
| Ultra Power (UP)** | <input type="checkbox"/> L <input type="checkbox"/> R | Size 4: <input type="checkbox"/> L <input type="checkbox"/> R | Earmold: (Go to next page) N/A |

*only available for ReSound OMNIA
 **only available in Encased earmolds

Wireless Accessories (Additional charge for Wireless Accessories)

| | | |
|--|---|--|
| <input type="checkbox"/> ReSound Multi Mic | <input type="checkbox"/> ReSound Remote Control | <input type="checkbox"/> ReSound Phone Clip+ |
| <input type="checkbox"/> ReSound Micro Mic | <input type="checkbox"/> ReSound Remote Control 2 | <input type="checkbox"/> ReSound TV Streamer 2 |

6. Earmold

INSTRUMENT INFORMATION

ReSound OMNIA

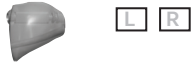
ReSound LiNX Quattro

ENCASED

(n/a with M&RIE)



MICROMOLD



HOLLOW CAVITY (HC)

(Available in Soft (silicone) only)



SKELETON

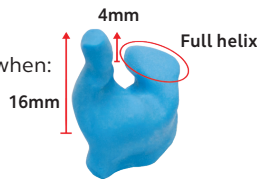


SPECIAL INSTRUCTIONS

EAR IMPRESSION—THE 16/4 RULE

Take an **OPEN JAW** impression when:

- Ear geometry lacks retention
- Patient has severe TMJ movement
- Instrument migrates out of ear
- Instrument is loose or has feedback



Please send Impression Mailer Air Bills

7. Options

MATERIAL Hard (acrylic) Soft (silicone)

RECEIVER POWER **Include** (check): YES NO Size:

M&RIE (MM) (n/a for Encased) L R

Low power (LP) L R

Medium power (MP) L R

High power (HP) L R

Ultra power (UP) (Encased only) L R

SHELL COLOR

Clear L R

Light (hard only) L R

Beige L R

Medium L R

Dark L R

Rose (hard only, n/a for Encased) L R

EarLusion Light (Hard only, n/a for Encased) L R

Espresso (hard only) L R

Red/Blue L R

FACEPLATE COLOR (Encased only)

Light L R

Beige L R

Medium L R

Dark L R

Espresso L R

Anthracite L R

Clear L R

CANAL LENGTH

Factory select L R

As marked L R

VENTING

Factory select L R

MOV (Vent modification recommended) L R

SAV L R

Pressure L R

None L R

VENT MODIFICATION (n/a for Hollow Cavity)

Semi-IROS L R

IROS L R

WAX PROTECTION (hard only, n/a for Hollow Cavity)

HF3 L R

GN Wax Filter (default for Encased) L R

Extended Receiver Tube L R

None (default for hard, N/A for SureFit 3 Encased) L R

OTHER OPTIONS

Removal cord L R

Blue/Red dots Size (check): SMALL or LARGE

L/R letters Size (check): SMALL or LARGE

Patient identification .. 12 character max:

Add canal lock (Encased/Micromold/HC only) L R

Add semi-skeleton lock (Available for Encased only) L R

Add skeleton lock (Encased/HC only) L R

AVAILABLE DEFAULT

