

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: _____

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:										
Bone:										
LDL:										
Right air:										
Bone:										
LDL:										

2 SPECIAL INSTRUCTIONS

(PLEASE PRINT CLEARLY)

3 MODEL AND OPTIONS

	Mini BTE		Standard BTE		Power BTE		High Power BTE		Super Power BTE	
	L	R	L	R	L	R	L	R	L	R
ReSound LiNX Quattro™	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
ReSound ENZO Q™							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery	#312		#13		#13		#13		#675	
Volume control		[] []		[] []		std std		std std	
None	std std		[] []		[] []		
Color										
Dark brown (4)	<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"/>
Beige (5)	<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"/>
Light blonde (6)	<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"/>
Medium blonde (7)	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
Monza red (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black (9)	<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"/>
Anthracite (10)	<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"/>
Silver (11)	<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"/>
Forest camo	<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"/>
Desert camo	<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"/>
Ocean camo	<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"/>
Pearl white (12)	<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"/>
Ocean blue (13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterling gray (14)	<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"/>
Gloss black (15)	<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"/>
Gloss anthracite (16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloss medium blonde (17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(#) Color keychain reference

AVAILABLE DEFAULT std STANDARD

4a RESOUND LINX QUATTRO BTE THIN TUBES AND DOMES

Size	BTE Thin Tube length		Size	BTE Thin Tube depth		Size	DOMES	
	L	R		L	R		L	R
-1	<input type="checkbox"/>	<input type="checkbox"/>	A	<input type="checkbox"/>	<input type="checkbox"/>	Large	<input type="checkbox"/>	<input type="checkbox"/>
0	<input type="checkbox"/>	<input type="checkbox"/>	B	(deep)		Medium	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="checkbox"/>	<input type="checkbox"/>		(shallow)		Small	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>		Large	<input type="checkbox"/>	<input type="checkbox"/>		
3	<input type="checkbox"/>	<input type="checkbox"/>	Medium	<input type="checkbox"/>	<input type="checkbox"/>			
			Small	<input type="checkbox"/>	<input type="checkbox"/>			

OR 4b CUSTOM BTE EARMOLD OPTIONS

STD POWER

For proper fit, measure from the top of the ear to the **top** of the ear canal using the ReSound measuring tool.

5 RESOUND WIRELESS ACCESSORIES

- (\$) ReSound Remote Control
- (\$) ReSound Remote Control 2
- (\$) ReSound TV Streamer 2
- (\$) ReSound Phone Clip+
- (\$) ReSound Multi Mic
- (\$) ReSound Micro Mic
- (\$) ReSound ENZO Q Integrated FM02 Receiver

(\$) Additional charge for wireless accessories

CANAL



CANAL LOCK



SEMI-SKELETON



FLEX VENT



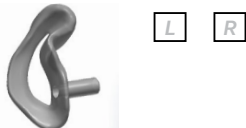
HALF SHELL



SKELETON



OPEN SKELETON



FULL SHELL

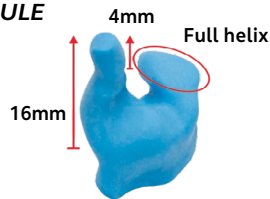


INSTRUMENT INFORMATION

MODEL _____

TRUFIT™ 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



MATERIAL

Hard (acrylic) Soft (silicone)

COLOR

- Clear L R
- Light L R
- Medium L R
- Beige L R
- Dark L R
- Rose (hard only) L R
- EarLusion Light L R
- Espresso (hard only) L R
- Red/Blue L R

CANAL LENGTH

- Factory select L R
- As marked L R

VENTING

- Factory select L R
- MOV (Vent modification recommended) L R
- SAV (standard for Flex Vent) L R
- Pressure L R
- None (standard for Open Skeleton) L R

VENT MODIFICATION

- Semi-IROS L R
- IROS L R

COUPLING

- Thin Tube (default for Flex Vent) L R
- Size:
- 13 Standard L R
 - 13 Standard—dry L R
 - 13 Heavy wall L R

TUBE RETENTION

- Glue L R
- Through (no glue) L R
- Elbow L R
- Tube lock—metal (soft only) L R
- Tube lock—plastic (soft only) L R
- CFA adapter (soft only) L R

OTHER OPTIONS

- Removal cord L R
- Blue/Red dots Size (check): SMALL or LARGE
- Patient initials
- Canal Lock (Flex Vent only) L R

PLEASE SEND Air bills Impression mailers

AVAILABLE DEFAULT

