

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									
Right AC									

3. Product

ReSound OMNIA Customs



← FULL SHELL (ITE) RECHARGEABLE WIRELESS HALF SHELL (ITE) RECHARGEABLE WIRELESS ITC* RECHARGEABLE WIRELESS CIC 10A NON-WIRELESS

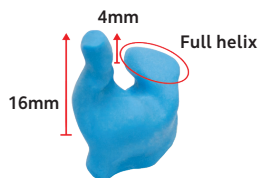
<input type="checkbox"/> Factory select	<input type="checkbox"/> Factory select	<input type="checkbox"/> Factory select	<input type="checkbox"/> Factory select
<input type="checkbox"/> MP	<input type="checkbox"/> MP	<input type="checkbox"/> LP	<input type="checkbox"/> LP
<input type="checkbox"/> HP	<input type="checkbox"/> HP	<input type="checkbox"/> MP	<input type="checkbox"/> MP
<input type="checkbox"/> UP	<input type="checkbox"/> UP	<input type="checkbox"/> HP	<input type="checkbox"/> HP
		<input type="checkbox"/> UP	

(*Devices will be built as small as possible based on the patient's ear anatomy)

Please mark the horizontal plane on the Ear Impressions.

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



4. Options

SHELL/FACEPLATE COLOR

- Anthracite
- Light Beige
- Beige
- Medium Brown
- Brown
- Dark Brown
- Clear (shell only - must also select faceplate color)
- Red/Blue (shell only—must also select faceplate color; default is Red for right, Blue for left)

CANAL LENGTH

Factory select

As marked

VENTING

Factory select

MOV

SAV

Pressure

None

VENT MODIFICATION

Step vent at faceplate (Std for ITC/HS/FS)

Semi-IROS

IROS

WAX PROTECTION

Factory select

HF3

GN Wax Filter

Extended Receiver Tube

MANUAL CONTROLS

Push button (Std for ITC/HS/FS)

OTHER OPTIONS

Removal cord (std for CIC)

Removal bead

Removal loop

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

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

Patient identification 12 character max: _____

WIRELESS ACCESSORIES (N/A FOR CIC)

ReSound Multi Mic ReSound Remote Control 2

ReSound Micro Mic ReSound Phone Clip+

ReSound Remote Control ReSound TV Streamer 2

5. Warranty and Other options

Please send Air Bills Impression Mailer

Special instructions

AVAILABLE DEFAULT STANDARD