

ACCOUNT INFORMATION

ACCOUNT # _____
 ACCOUNT NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PO # _____
 CONTACT NAME _____
 PHONE NUMBER _____

PATIENT INFORMATION

LAST NAME _____
 FIRST NAME _____
 LAST 4 DIGITS OF SSN:
 IMPRESSION (circle): OPEN JAW CLOSED JAW
 SPECIAL INSTRUCTIONS _____






LEFT

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

RIGHT

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

RESOUND LINX QUATTRO 9

	POWER	MIC	BATTERY
CIC-W 	<input type="checkbox"/> <input type="checkbox"/> Factory select	<u>std</u> Single	<u>std</u> 10A
	<input type="checkbox"/> <input type="checkbox"/> LP		
	<input type="checkbox"/> <input type="checkbox"/> MP		
	<input type="checkbox"/> <input type="checkbox"/> HP		
	<input type="checkbox"/> <input type="checkbox"/> UP		
MIH 	<input type="checkbox"/> <input type="checkbox"/> Factory select	<u>std</u> Single	<input type="checkbox"/> 312 <input type="checkbox"/> 13
	<input type="checkbox"/> <input type="checkbox"/> MP		
	<input type="checkbox"/> <input type="checkbox"/> HP		
	<input type="checkbox"/> <input type="checkbox"/> UP		
ITC 	<input type="checkbox"/> <input type="checkbox"/> Factory select	<u>std</u> Dual	<input type="checkbox"/> 312
	<input type="checkbox"/> <input type="checkbox"/> LP		
	<input type="checkbox"/> <input type="checkbox"/> MP		
	<input type="checkbox"/> <input type="checkbox"/> HP		
HALF SHELL 	<input type="checkbox"/> <input type="checkbox"/> Factory select	<u>std</u> Dual	<input type="checkbox"/> 312 <input type="checkbox"/> 13
	<input type="checkbox"/> <input type="checkbox"/> MP		
	<input type="checkbox"/> <input type="checkbox"/> HP		
	<input type="checkbox"/> <input type="checkbox"/> UP		
FULL SHELL 	<input type="checkbox"/> <input type="checkbox"/> Factory select	<u>std</u> Dual	<input type="checkbox"/> 312 <input type="checkbox"/> 13
	<input type="checkbox"/> <input type="checkbox"/> MP		
	<input type="checkbox"/> <input type="checkbox"/> HP		
	<input type="checkbox"/> <input type="checkbox"/> UP		

SHELL/FACEPLATE COLOR

- Light (1) L R
- Beige (5) L R
- Medium (2) L R
- Dark (3) L R
- Espresso (4) L R
- Clear L R
circle: FACEPLATE and/or SHELL
- Red/Blue (shell only, must also select faceplate color, default is Red for right, Blue for left) L R

CANAL LENGTH

- Factory select L R
- As marked L R

VENTING

- Factory select L R
- MOV (Maximum Open Vent) L R
- SAV (Select-A-Vent) L R
- Pressure L R
- None L R

VENT MODIFICATION

- Semi-IROS L R
- IROS L R

WAX PROTECTION

- Factory select L R
- HF3 L R
- GN Wax Filter (white) L R

MANUAL CONTROLS

- Push Button **Type** (circle): REGULAR OR RAISED CAP
- VC (n/a on CIC) **Size** (circle): SMALL OR MEDIUM OR LARGE
- Extended VC cap (must also select VC size) L R

TELEPHONE

- Phone Now: Acoustic L R
- Phone Now: Telecoil (n/a for CIC, LP) L R
- Manual Telecoil (requires push button, n/a for CIC, LP) L R

OTHER OPTIONS

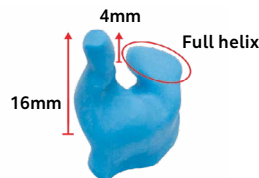
- Removal cord L R
- Removal ball (CIC only) YES OR NO
- Blue/Red dots **Size** (circle): SMALL OR LARGE
- L/R letters L R
- Patient identification 12 character max:

WIRELESS ACCESSORIES (\$)

- ReSound Multi Mic
- ReSound Remote Control
- ReSound Micro Mic
- ReSound Remote Control 2
- ReSound Phone Clip+
- ReSound TV Streamer 2

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



PLEASE SEND Air bills Impression mailers

(#) color-keychain reference

AVAILABLE DEFAULT std STANDARD

MK605263 Rev C 2020.03

