

**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 (check):  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    |     |     |     |    |      |    |    |    |    |    |

**RECEIVER/MODEL (Selection Required)**

**SUREFIT 3 AND M&RIE**  
 (ReSound ONE)



**SUREFIT 2C**

(ReSound LiNX Quattro, ReSound LiNX 3D)



**RECEIVER POWER LEVEL**

Include (circle):  YES  NO    Size:

Low power (LP) .....  L  R  
 Medium power (MP) .....  L  R  
 High power (HP) .....  L  R  
 Ultra power (UP) (Encased) .....  L  R  
 M&RIE (MM) (ReSound ONE only, n/a for Encased) .....  L  R

**MATERIAL**

Hard (acrylic)     Soft (silicone)  
 (n/a for Encased)

**ENCASED**



**MICROMOLD**



**SKELETON**



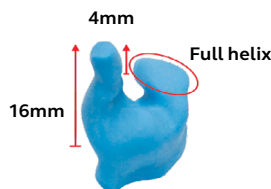
**INSTRUMENT INFORMATION**

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



**SHELL COLOR**

Clear .....  L  R  
 Light (n/a for ReSound ONE in Soft) .....  L  R  
 Beige .....  L  R  
 Medium .....  L  R  
 Dark .....  L  R  
 Rose (n/a for Encased) .....  L  R  
 EarLusion Light (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**

Semi-IROS .....  L  R  
 IROS .....  L  R

**WAX PROTECTION (Encased and hard only)**

HF3 .....  L  R  
 GN Wax Filter white (default for Encased) .....  L  R  
 None (default for hard) .....  L  R

**OTHER OPTIONS**

Removal cord .....  L  R  
 Blue/Red dots ..... Size (check one):  SMALL or  LARGE  
 Patient initials .....

**RETENTION**

Canal Lock (n/a for Skeleton) .....  L  R  
 Helix Lock (n/a for Skeleton) .....  L  R  
 Skeleton Lock (n/a for Skeleton) .....  L  R  
 Semi-Skeleton Lock (n/a for Skeleton) .....  L  R

AVAILABLE  DEFAULT

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 CONTACT NAME \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_






**PATIENT INFORMATION**

LAST NAME \_\_\_\_\_  
 FIRST NAME \_\_\_\_\_  
 LAST 4 DIGITS OF SSN:      
 IMPRESSION (check):  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    |     |     |     |    |      |    |    |    |    |    |

**MATERIAL**  
 Hard (acrylic)     Soft (silicone)

|                      |   |   |
|----------------------|---|---|
| <b>CANAL</b>         |    | <input type="checkbox"/> L <input type="checkbox"/> R |
| <b>CANAL LOCK</b>    |    | <input type="checkbox"/> L <input type="checkbox"/> R |
| <b>SEMI-SKELETON</b> |  | <input type="checkbox"/> L <input type="checkbox"/> R |
| <b>FLEX VENT</b>     |  | <input type="checkbox"/> L <input type="checkbox"/> R |
| <b>HALF SHELL</b>    |  | <input type="checkbox"/> L <input type="checkbox"/> R |
| <b>SKELETON</b>      |  | <input type="checkbox"/> L <input type="checkbox"/> R |
| <b>OPEN SKELETON</b> |  | <input type="checkbox"/> L <input type="checkbox"/> R |
| <b>FULL SHELL</b>    |  | <input type="checkbox"/> L <input type="checkbox"/> R |

**COLOR**

|   |                            |                            |
|---|----------------------------|----------------------------|
| <input type="checkbox"/> Clear                | <input type="checkbox"/> L | <input type="checkbox"/> R |
| <input type="checkbox"/> Light                | <input type="checkbox"/> L | <input type="checkbox"/> R |
| <input type="checkbox"/> Beige                | <input type="checkbox"/> L | <input type="checkbox"/> R |
| <input type="checkbox"/> Medium               | <input type="checkbox"/> L | <input type="checkbox"/> R |
| <input type="checkbox"/> Dark                 | <input type="checkbox"/> L | <input type="checkbox"/> R |
| <input type="checkbox"/> Rose (hard only)     | <input type="checkbox"/> L | <input type="checkbox"/> R |
| <input type="checkbox"/> EarLusion Light      | <input type="checkbox"/> L | <input type="checkbox"/> R |
| <input type="checkbox"/> Espresso (hard only) | <input type="checkbox"/> L | <input type="checkbox"/> R |
| <input type="checkbox"/> Red/Blue             | <input type="checkbox"/> L | <input type="checkbox"/> 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

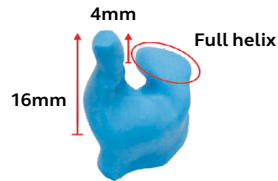
**OTHER OPTIONS**  
 Removal cord  L  R  
 Blue/Red dots  L  R **Size (check one):**  SMALL  LARGE  
 Patient initials

**RETENTION**  
 Canal Lock (Flex Vent only)  L  R

**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



**PLEASE SEND**  Air bills     Impression mailers

AVAILABLE     DEFAULT

