



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

Model	Mini RIE 67	Standard BTE 77	Power BTE 88 w/plastic hook	High Power BTE 88 w/metal hook	Super Power BTE 98	Earmold Only (Go to next page)
ReSound OMNIA (Rechargeable)	-	<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
ReSound ENZO Q	-	-	-	<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/Colors		ReSound LiNX Quattro/ ReSound ENZO Q Colors			
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. Thin-tubes, Domes and Earmolds

ReSound OMNIA		
Thin-tube Length	Domes	Dome Size
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
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
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
Size 3: <input type="checkbox"/> L <input type="checkbox"/> R	Tulip: <input type="checkbox"/> L <input type="checkbox"/> R	N/A
Size 4: <input type="checkbox"/> L <input type="checkbox"/> R	Earmold: (Go to next page)	N/A

ReSound LiNX Quattro		
Thin-tube Length	Domes	Dome Size
Size -1: <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
Size 0: <input type="checkbox"/> L <input type="checkbox"/> R		
Size 1: <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
Size 2: <input type="checkbox"/> L <input type="checkbox"/> R	Tulip: <input type="checkbox"/> L <input type="checkbox"/> R	N/A
Size 3: <input type="checkbox"/> L <input type="checkbox"/> R	Earmold: (Go to next page)	N/A

Wireless Accessories (Additional charge for Wireless Accessories)

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


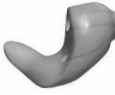





6. Earmolds

INSTRUMENT INFORMATION

ReSound OMNIA

ReSound LiNX Quattro

ReSound ENZO Q

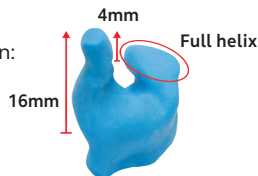
Canal		<input type="checkbox"/> L <input type="checkbox"/> R
Canal lock		<input type="checkbox"/> L <input type="checkbox"/> R
Semi-Skeleton		<input type="checkbox"/> L <input type="checkbox"/> R
Half Shell		<input type="checkbox"/> L <input type="checkbox"/> R
Skeleton		<input type="checkbox"/> L <input type="checkbox"/> R
Open Skeleton		<input type="checkbox"/> L <input type="checkbox"/> R
Full Shell		<input type="checkbox"/> L <input type="checkbox"/> R

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



7. Options

MATERIAL Hard (acrylic) Soft (silicone)

COLOR

	Clear	<input type="checkbox"/> L <input type="checkbox"/> R
	Beige	<input type="checkbox"/> L <input type="checkbox"/> R
	Light (hard only)	<input type="checkbox"/> L <input type="checkbox"/> R
	Medium	<input type="checkbox"/> L <input type="checkbox"/> R
	Dark	<input type="checkbox"/> L <input type="checkbox"/> R
	Rose (hard only)	<input type="checkbox"/> L <input type="checkbox"/> R
	EarLusion Light (hard only)	<input type="checkbox"/> L <input type="checkbox"/> R
	Espresso (hard only)	<input type="checkbox"/> L <input type="checkbox"/> R
	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 (Semi-IROS vent modification recommended) ... L R

SAV L R

Pressure L R

None (standard for Open Skeleton) L R

VENT MODIFICATION

Semi-IROS L R

IROS L R

COUPLING

13 Standard L R

13 Standard—dry L R

13 Heavy wall L R

Thin Tube L R

Size:

TUBE RETENTION

Glue	<input type="checkbox"/> L <input type="checkbox"/> R
Through (no glue)	<input type="checkbox"/> L <input type="checkbox"/> R
Elbow (n/a for Thin Tube)	<input type="checkbox"/> L <input type="checkbox"/> R
Tube lock—metal (soft only, n/a for Thin Tube)	<input type="checkbox"/> L <input type="checkbox"/> R
Tube lock—plastic (soft only, n/a for Thin Tube)	<input type="checkbox"/> L <input type="checkbox"/> R

OTHER OPTIONS

Removal cord (Standard for Canal) L R

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

L/R letters L R

Patient identification .. 12 character max:

Please send

Impression Mailer Air Bills

AVAILABLE DEFAULT

