

WIRELESS BTE ORDER FORM

HIGHLIGHTED / GREEN AREAS MUST BE COMPLETED FOR APPROPRIATE MATRIX SELECTION

STEP 1 - ORDER

BILL TO: ACCOUNT NUMBER:

ADDRESS:

CONTACT: PHONE:

EMAIL: FAX:

SHIP TO: ACCOUNT NUMBER:

ADDRESS:

CONTACT: PHONE:

EMAIL: FAX:

SERVICE OPTIONS (ADDITIONAL CHARGES APPLY)

SAME-DAY SERVICE ONE-DAY SERVICE

WARRANTY OPTIONS (REPAIR/LOSS & DAMAGE)

2ND YEAR 3RD YEAR 4TH YEAR 5TH YEAR

STEP 2 - PATIENT (FILL OUT PATIENT'S NAME, DOB/AGE AND DATE)

REFERRING ORGANIZATION

FIRST NAME LAST NAME PATIENT DOB/AGE DATE

TEST DATA	MCL L:	MCL R:	UCL L:	UCL R:	HEARING AID HISTORY				
Air RIGHT					LEFT PREVIOUS USER	<input type="radio"/> YES	<input type="radio"/> NO	PREVIOUS VENT SIZE	
Bone					RIGHT PREVIOUS USER	<input type="radio"/> YES	<input type="radio"/> NO	L: <input type="text"/>	R: <input type="text"/>
Frequency	250	500	750	1K	2K	3K	4K	6K	8K
Air LEFT					OUTPUT/MAKE	GAIN/MODEL		SERIAL NO. (IF STARKEY)	
Bone					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

STEP 3 - HEARING AID PRODUCT

HEARING AID ORDER REQUIREMENTS

FILL IN SELECTION BELOW (CIRCLE THE MODEL YOU WOULD LIKE TO ORDER)

STYLE OPTIONS

BTE RECHARGEABLE BTE 13 POWER PLUS BTE 13

BTE RECHARGEABLE

STARKEY	AUDIBEL
EVOLV AI 2400	ARC AI 2400
EVOLV AI 2000	ARC AI 2000
EVOLV AI 1600	ARC AI 1600
EVOLV AI 1200	ARC AI 1200

BTE 13

STARKEY	AUDIBEL
EVOLV AI 2400	ARC AI 2400
EVOLV AI 2000	ARC AI 2000
EVOLV AI 1600	ARC AI 1600
EVOLV AI 1200	ARC AI 1200

POWER PLUS BTE 13

STARKEY	AUDIBEL
EVOLV AI 2400	ARC AI 2400
EVOLV AI 2000	ARC AI 2000
EVOLV AI 1600	ARC AI 1600
EVOLV AI 1200	ARC AI 1200

HEARING AID COLOR OPTIONS

STANDARD COLOR OPTIONS

CHAMPAGNE BLACK SLATE ESPRESSO STERLING

BRONZE BRIGHT WHITE W/ STERLING

THIN TUBE SIZE OPTIONS

0 1 2 3 3+ 4 4+ 5 5+

SPECIAL INSTRUCTIONS:

American Hearing Benefits
HAS CHANGED TO



DO NOT WRITE HERE
FACTORY USE ONLY