

# WIRELESS CUSTOM ORDER FORM

HIGHLIGHTED / GREEN AREAS MUST BE COMPLETED FOR APPROPRIATE MATRIX SELECTION

## STEP 1 - ORDER

**BILL TO:** ACCOUNT NUMBER:   
 ADDRESS:

**SHIP TO:** ACCOUNT NUMBER:   
 ADDRESS:

CONTACT: PHONE:   
 EMAIL: FAX:

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:

	250	500	750	1K	2K	3K	4K	6K	8K
Air RIGHT									
Bone									
FREQUENCY									
Air LEFT									
Bone									

### HEARING AID HISTORY

LEFT PREVIOUS USER  YES  NO PREVIOUS VENT SIZE  
 RIGHT PREVIOUS USER  YES  NO L:  R:   
 OUTPUT/MAKE  GAIN/MODEL  SERIAL NO. (IF STARKEY)

## STEP 3 - HEARING AID PRODUCT (BOLD INDICATES THE DEFAULT)

### HEARING AID ORDER REQUIREMENTS FILL IN SELECTION BELOW

FAMILY	TECHNOLOGY	STYLE OPTIONS
<input type="radio"/> EVOLV AI	<input type="radio"/> 2400	<input type="radio"/> IN-THE-EAR RECHARGEABLE (ITE R)
<input type="radio"/> ARC AI	<input type="radio"/> 2000	<input type="radio"/> HALF-SHELL RECHARGEABLE (HS R)*
	<input type="radio"/> 1600	<input type="radio"/> IN-THE-CANAL RECHARGEABLE (ITC R)
	<input type="radio"/> 1200	<input type="radio"/> COMPLETELY-IN-CANAL (CIC)

\*AVAILABLE FOR EVOLV AI ONLY

USER CONTROLS (CHOOSE ONE)	CHARGEABLE OPTIONS	VC OPTIONS
<input type="radio"/> NO USER CONTROL	<input type="radio"/> DIRECTIONAL*	<input type="radio"/> STACKED VC* (DVC ONLY)
<input type="radio"/> DIGITAL ROTARY*	<input type="radio"/> INDUCTION COIL**	
<input type="radio"/> PUSH BUTTON (VC OR MEMORY)		
<input type="radio"/> DIGITAL ROTARY + PUSH BUTTON*		

\*NOT AVAILABLE IN CIC

\*\*NOT AVAILABLE IN CIC, ITC R OR HS R

VENTING OPTIONS	CANAL TEXTURE
<input type="radio"/> MANUFACTURER SELECT***	<input type="radio"/> NORMAL
<input type="radio"/> NO VENT	<input type="radio"/> SOFT
<input type="radio"/> 1 VENT	<input type="radio"/> HARD
<input type="radio"/> 2 VENT	<input type="radio"/> RIGID
<input type="radio"/> 3 VENT	<input type="radio"/> UNKNOWN
<input type="radio"/> OPEN/BAV	

\*\*\*SELECTS THE OPTIMAL COMBINATION OF RECEIVER AND VENT BASED OFF OF HEARING LOSS, PATIENT HISTORY AND SIZE AND SHAPE OF THE EAR.

### FACEPLATE/SHELL OPTIONS (CHOOSE ONE)

#### FACEPLATE COLOR

- PINK
- LIGHT BROWN
- MEDIUM BROWN
- CHESTNUT
- DARK BROWN
- BLACK

#### SHELL COLOR

- PINK
- CLEAR
- LIGHT BROWN
- BROWN
- RED/BLUE
- BLACK

#### WAX PREVENTION

- HEAR CLEAR
- EXTENDED RECEIVER TUBE

#### REMOVAL & FINISH OPTIONS

- REMOVAL NOTCH (NOT AVAILABLE IN CIC)
- DULL/MATTE FINISH
- REMOVAL HANDLE
- CANAL LOCK (NOT AVAILABLE IN ITE OR HS)

### SPECIAL INSTRUCTIONS:

American Hearing Benefits  
HAS CHANGED TO



DO NOT WRITE HERE  
FACTORY USE ONLY

# NON-WIRELESS CUSTOM ORDER FORM

HIGHLIGHTED / GREEN AREAS MUST BE COMPLETED FOR APPROPRIATE MATRIX SELECTION

## STEP 1 - ORDER

**BILL TO:** ACCOUNT NUMBER:

ADDRESS:

**SHIP TO:** ACCOUNT NUMBER:

ADDRESS:

CONTACT: PHONE:

EMAIL: FAX:

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:

	250	500	750	1K	2K	3K	4K	6K	8K
Air RIGHT									
Bone									
FREQUENCY	250	500	750	1K	2K	3K	4K	6K	8K
Air LEFT									
Bone									

### HEARING AID HISTORY

LEFT PREVIOUS USER  YES  NO PREVIOUS VENT SIZE

RIGHT PREVIOUS USER  YES  NO L:  R:

OUTPUT/MAKE  GAIN/MODEL  SERIAL NO. (IF STARKEY)

## STEP 3 - HEARING AID PRODUCT (BOLD INDICATES THE DEFAULT)

### HEARING AID ORDER REQUIREMENTS FILL IN SELECTION BELOW

FAMILY	TECHNOLOGY	STYLE OPTIONS	USER CONTROLS (CHOOSE ONE)
<input type="radio"/> EVOLV AI	<input type="radio"/> 2400	<input type="radio"/> COMPLETELY-IN-CANAL (CIC)	<input type="radio"/> NO USER CONTROL
<input type="radio"/> ARC AI	<input type="radio"/> 2000*	<input type="radio"/> INVISIBLE-IN-CANAL (IIC)**	<input type="radio"/> PUSH BUTTON* (VC OR MEMORY)
	<input type="radio"/> 1600*		
	<input type="radio"/> 1200*		

\*NOT AVAILABLE IN IIC  
\*\*IIC AVAILABLE IN 2400 TECHNOLOGY ONLY

#### VENTING OPTIONS

MANUFACTURER SELECT\*\*\*  2 VENT

NO VENT  3 VENT

1 VENT  OPEN/BAV

#### CANAL TEXTURE

NORMAL

SOFT

HARD

RIGID

UNKNOWN

\*\*\*SELECTS THE OPTIMAL COMBINATION OF RECEIVER AND VENT BASED OFF OF HEARING LOSS, PATIENT HISTORY AND SIZE AND SHAPE OF THE EAR.

### FACEPLATE/SHELL OPTIONS (CHOOSE ONE)

#### FACEPLATE COLOR

PINK

LIGHT BROWN

MEDIUM BROWN

CHESTNUT

DARK BROWN

BLACK

#### WAX PREVENTION

HEAR CLEAR

EXTENDED RECEIVER TUBE

#### REMOVAL & FINISH OPTIONS

DULL/MATTE FINISH

REMOVAL HANDLE

CANAL LOCK (NOT AVAILABLE IN ITE OR HS)

#### SHELL COLOR

PINK

CLEAR

LIGHT BROWN

BROWN

RED/BLUE

BLACK (IIC ONLY)

### SPECIAL INSTRUCTIONS:

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