ReSound GN

*GOVERNMENT SERVICES ORDER FORM*

# BTE CUSTOM EARMOLD

1.800.392.9932 FAX 1.888.768.1867

- ☐ RACHAP
- ☐ ACTIVE DUTY
- ☐ INDIAN HEALTH
- ☐ TRICARE
- ☐ CHOICE

*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* _____

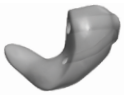
| **LEFT** | 250 | 500 | 750 | 1k | 1.5k | 2k | 3k | 4k | 6k | 8k |
|---|---|---|---|---|---|---|---|---|---|---|
| AC | | | | | | | | | | |
| BC | | | | | | | | | | |

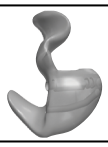
| **RIGHT** | 250 | 500 | 750 | 1k | 1.5k | 2k | 3k | 4k | 6k | 8k |
|---|---|---|---|---|---|---|---|---|---|---|
| AC | | | | | | | | | | |
| BC | | | | | | | | | | |

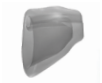
*MATERIAL*

☐ Hard (acrylic) ☐ Soft (silicone)

**CANAL**  L R

**CANAL LOCK**  L R

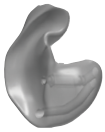
**SEMI-SKELETON**  L R

**FLEX VENT**  L R

**HALF SHELL**  L R

**SKELETON**  L R

**OPEN SKELETON**  L R

**FULL SHELL**  L R

**INSTRUMENT INFORMATION**

MODEL _____

*COLOR*

| | L | R |
|---|---|---|
| Clear | L | R |
| Light | L | R |
| Medium | L | R |
| Dark | L | R |
| Rose *(hard only)* | L | R |
| EarLusion Light | L | R |
| Espresso *(hard only)* | L | R |
| Red/Blue | L | R |

*CANAL LENGTH*

| | L | R |
|---|---|---|
| *Factory select* | L | R |
| As marked | L | R |

*VENTING*

| | L | R |
|---|---|---|
| *Factory select* | L | R |
| MOV *(Semi-IROS vent modification recommended)* | L | R |
| SAV *(standard for Flex Vent)* | L | R |
| Pressure | L | R |
| None *(standard for Open Skeleton)* | L | R |

*VENT MODIFICATION*

| | L | R |
|---|---|---|
| Semi-IROS | L | R |
| IROS | L | R |

*COUPLING*

| | L | R |
|---|---|---|
| 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*

| | L | R |
|---|---|---|
| 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 ***Size*** *(check one):* | SMALL | LARGE |
| Patient initials _____ | | |

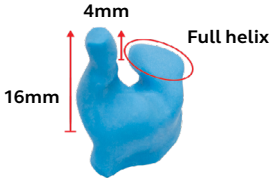
☐ AVAILABLE ☐ DEFAULT

**PLEASE SEND** ☐ Air bills ☐ Impression mailers

***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



ReSound GN

*GOVERNMENT SERVICES ORDER FORM*

# SUREFIT RIC CUSTOM EARMOLD

**1.800.392.9932 FAX 1.888.768.1867**

- ☐ RACHAP
- ☐ ACTIVE DUTY
- ☐ INDIAN HEALTH
- ☐ TRICARE
- ☐ CHOICE

*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 | | | | | | | | | | |

*MATERIAL*

☐ Hard (acrylic) ☐ Soft (silicone) *(n/a for Encased and Hollow Cavity)*

**ENCASED**  ☐ L ☐ R

**MICROMOLD**  ☐ L ☐ R

**HOLLOW CAVITY**  ☐ L ☐ R

**SKELETON**  ☐ L ☐ R

**INSTRUMENT INFORMATION**

MODEL _____

*RECEIVER* **Include** *(circle)*: YES NO **Size:** _____

| | L | R |
|---|---|---|
| Low power (LP) | ☐ | ☐ |
| Medium power (MP) | ☐ | ☐ |
| High power (HP) | ☐ | ☐ |
| Ultra power (UP) *(Encased)* | ☐ | ☐ |

*SHELL COLOR*

| | L | R |
|---|---|---|
| Clear | ☐ | ☐ |
| Light | ☐ | ☐ |
| Medium | ☐ | ☐ |
| Dark | ☐ | ☐ |
| Rose *(n/a for Encased nor Hollow Cavity)* | ☐ | ☐ |
| EarLusion Light *(n/a for Encased nor Hollow Cavity)* | ☐ | ☐ |
| Espresso *(hard only)* | ☐ | ☐ |
| Red/Blue | ☐ | ☐ |

*FACEPLATE COLOR (Encased only)*

| | L | R |
|---|---|---|
| Light | ☐ | ☐ |
| Beige | ☐ | ☐ |
| Medium | ☐ | ☐ |
| Dark | ☐ | ☐ |
| Espresso | ☐ | ☐ |
| Anthracite | ☐ | ☐ |
| Clear | ☐ | ☐ |

☐ AVAILABLE ☐ DEFAULT

*CANAL LENGTH*

| | L | R |
|---|---|---|
| *Factory select* | ☐ | ☐ |
| As marked | ☐ | ☐ |

*VENTING*

| | L | R |
|---|---|---|
| *Factory select* | ☐ | ☐ |
| MOV *(Semi-IROS vent modification recommended)* | ☐ | ☐ |
| SAV | ☐ | ☐ |
| Pressure | ☐ | ☐ |
| None | ☐ | ☐ |

*VENT MODIFICATION (n/a for Hollow Cavity)*

| | L | R |
|---|---|---|
| Semi-IROS | ☐ | ☐ |
| IROS | ☐ | ☐ |

*WAX PROTECTION (Encased and hard only, n/a for Hollow Cavity)*

| | L | R |
|---|---|---|
| HF3 | ☐ | ☐ |
| CeruSTOP *(default for Encased)* | ☐ | ☐ |
| None *(default for hard, STD for Hollow Cavity)* | ☐ | ☐ |

*OTHER OPTIONS*

| | L | R |
|---|---|---|
| Removal cord | ☐ | ☐ |

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

Patient initials _____

*RETENTION*

| | L | R |
|---|---|---|
| Canal Lock *(n/a for Skeleton)* | ☐ | ☐ |
| Helix Lock *(n/a for Hollow Cavity and Skeleton)* | ☐ | ☐ |
| Skeleton Lock *(n/a for Skeleton)* | ☐ | ☐ |
| Semi-Skeleton Lock *(n/a on Hollow Cavity and Skeleton)* | ☐ | ☐ |

***TRUFIT™ IMPRESSION—THE 16/4 RULE***

Take an **OPEN JAW** impression when:

- Ear geometry lacks retention
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- Instrument migrates out of ear
- Instrument is loose or has feedback