

BILL TO Acc't #: _____

Office: _____
 Address: _____
 Address: _____
 City/State: _____
 Zip: _____ P.O. _____

SHIP TO Acc't #: _____

Date: _____ Phone: _____
 Contact name: _____
 Email: _____
 Facility: _____
 Address: _____
 Address: _____
 City/State: _____
 Zip: _____

1 PATIENT DATA

Patient's name: _____ SSN: _____

LAST: _____
 FIRST: _____

Previous user: YES NO

Audiogram data:

| | 250 | 500 | 750 | 1k | 1.5k | 2k | 3k | 4k | 6k | 8k |
|------------|-----|-----|-----|----|------|----|----|----|----|----|
| Left air: | | | | | | | | | | |
| Bone: | | | | | | | | | | |
| LDL: | | | | | | | | | | |
| Right air: | | | | | | | | | | |
| Bone: | | | | | | | | | | |
| LDL: | | | | | | | | | | |

2 SPECIAL INSTRUCTIONS

(PLEASE PRINT CLEARLY)

3 MODEL AND OPTIONS

| | Mini RIC | | Mini RIC | | Mini RIC | | RIC | |
|---|--|-------------------------------------|--|-------------------------------------|--|-------------------------------------|--|-------------------------------------|
| | L | R | L | R | L | R | L | R |
| 2.4GHz wireless ReSound LiNX Quattro <small>Portable charging case included in order of RE961</small> | RE961 <input type="checkbox"/> <input type="checkbox"/> | | — | | — | | RE962 <input type="checkbox"/> <input type="checkbox"/> | |
| 2.4GHz wireless ReSound LiNX 3D | — | | LT961 <input type="checkbox"/> <input type="checkbox"/> | | LT961-Z <input type="checkbox"/> <input type="checkbox"/> | | LT962 <input type="checkbox"/> <input type="checkbox"/> | |
| Battery | Lithium-ion rechargeable | | #312 | | #312 | | #13 | |
| Program selector | Programmable Push button | | Programmable Push button | | Programmable Push button | | Multifunction Switch | |
| Volume control | Programmable Push button | | Programmable Push button | | Programmable Push button | | Multifunction Switch | |
| RIC receivers (power level) | | | | | | | | |
| Low power (LP)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medium power (MP)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| High power (HP)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ultra power (UP)*..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Color (keychain color) | | | | | | | | |
| Dark brown (4)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Beige (5)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Light blonde (6)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medium blonde (7)..... | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Monza red (8)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Black (9)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anthracite (10)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Silver (11)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Forest camo..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Desert camo..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Ocean camo..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Pearl white (12)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Ocean blue (13)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Sterling gray (14)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gloss black (15)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Gloss anthracite (16)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Gloss medium blonde (17)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| White..... | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

* UP receiver only available in Encased earmolds
 (#) Color keychain reference

AVAILABLE DEFAULT

4a RESOUND RIC RECEIVERS AND DOMES

| Size | RIC Receiver tube length | | Size | DOMES | | STD |
|------|--------------------------|--------------------------|--------|--------------------------|--------------------------|-------|
| | L | R | | L | R | |
| 0 | <input type="checkbox"/> | <input type="checkbox"/> | Large | <input type="checkbox"/> | <input type="checkbox"/> | POWER |
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | Medium | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Small | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Tulip | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Large | <input type="checkbox"/> | <input type="checkbox"/> | POWER |
| | | | Medium | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | Small | <input type="checkbox"/> | <input type="checkbox"/> | |

OR **4b**
 CUSTOM RIC EARMOLD OPTIONS
 →

For proper fit, measure from the top of the ear to the center of the ear canal using the ReSound measuring tool.

5

RESOUND WIRELESS ACCESSORIES

- (\$) ReSound Remote Control 2
- (\$) ReSound TV Streamer 2
- (\$) ReSound Phone Clip+
- (\$) ReSound Multi Mic
- (\$) ReSound Micro Mic
- (\$) ReSound LiNX Quattro RE961 Portable Charging Case (additional)

(\$)
Additional charge for wireless accessories

MATERIAL

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

ENCASED



MICROMOLD



HOLLOW CAVITY



SKELETON

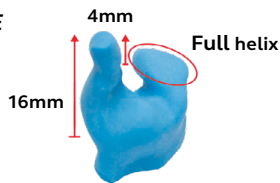


INSTRUMENT INFORMATION

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



| | | | | | |
|---|--|--|----------------------------|-----------------------------------|--|
| RECEIVER | | <i>Include (check):</i> <input type="checkbox"/> YES <input type="checkbox"/> NO | | <i>Size:</i> <input type="text"/> | |
| Low power (LP) | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| Medium power (MP) | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| High power (HP) | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| Ultra power (UP) | <i>(Encased only)</i> | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| SHELL COLOR | | | | | |
| <input type="radio"/> Clear | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| <input type="radio"/> Light | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| <input type="radio"/> Medium | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| <input type="radio"/> Dark | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| <input type="radio"/> Rose | <i>(n/a for Encased nor Hollow Cavity)</i> | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| <input type="radio"/> EarLusion Light | <i>(n/a for Encased nor Hollow Cavity)</i> ... | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| <input type="radio"/> Espresso | <i>(hard only)</i> | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| <input type="radio"/> Red/Blue | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| FACEPLATE COLOR (Encased only) | | | | | |
| <input type="radio"/> Light | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| <input type="radio"/> Beige | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| <input type="radio"/> Medium | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| <input type="radio"/> Dark | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| <input type="radio"/> Espresso | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| <input type="radio"/> Anthracite | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| <input type="radio"/> Clear | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| CANAL LENGTH | | | | | |
| Factory select | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| As marked | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| VENTING | | | | | |
| Factory select | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| MOV | <i>(Semi-IROS vent modification recommended)</i> | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| SAV | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| Pressure | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| None | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| VENT MODIFICATION | | | | | |
| Semi-IROS | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| IROS | <i>(n/a for Hollow Cavity)</i> | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| WAX PROTECTION (Encased and hard only, n/a for Hollow Cavity) | | | | | |
| HF3 | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| CeruSTOP | <i>(default for Encased)</i> | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| None | <i>(default for hard, STD for Hollow Cavity)</i> | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| OTHER OPTIONS | | | | | |
| Removal cord | | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| Blue/Red dots | | <i>Size (check):</i> <input type="checkbox"/> SMALL or <input type="checkbox"/> LARGE | | | |
| Patient initials | | <input type="text"/> | | | |
| RETENTION | | | | | |
| Canal Lock | <i>(n/a for Skeleton)</i> | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| Helix Lock | <i>(n/a for Hollow Cavity and Skeleton)</i> | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| Skeleton Lock | <i>(n/a for Skeleton)</i> | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| Semi-Skeleton Lock | <i>(n/a on Hollow Cavity and Skeleton)</i> | <input type="checkbox"/> L | <input type="checkbox"/> R | | |
| PLEASE SEND <input type="checkbox"/> Air bills <input type="checkbox"/> Impression mailers | | | | | |

AVAILABLE DEFAULT

