

**EARMOLD ORDER FORM**

1-800-392-9932 FAX 952-852-1990

**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: \_\_\_\_\_

RACHAP   
 ACTIVE DUTY   
 INDIAN HEALTH   
 OTHER

**1 PATIENT DATA:**

Patient's name: \_\_\_\_\_ SSN:

LAST:

FIRST:

Patient's age:  Previous user:  YES  NO

**Audiogram data:**

250 500 1k 1.5k 2k 3k 4k 6k 8k  
 Left air:

Right air:

**ATTACH COPY OF AUDIOGRAM, OR FILL IN ABOVE**

**2 SPECIAL INSTRUCTIONS:**

**CHANGES MAY BE MADE WITHOUT CALLING**

Other instructions: \_\_\_\_\_

**3 MODEL**

**TYPE**  
 hard = acrylic  
 soft = silicone

Write in BTE/RIE model or receiver size to be fitted:

... with OPTIONS:

**Color**

- Clear
- EarLusion light
- EarLusion medium
- EarLusion dark

**Vent type**

- Factory select †
- MOV (no SAV)
- SAV (largest possible)
- Pressure
- None
- IROS
- Semi-IROS
- Other

**Canal length**

- Factory select †
- As marked

**Tube type**

- 13 Standard
- 13 Thick<sup>1</sup>
- Slim tube
- Other

**Tube retention**

- Glue
- Friction fit (not glued)
- Tube lock

**Wax protection**

- None
- HF3
- CeruSTOP™

**Other**

- Removal cord
- Blue/Red dots
- Patient initials

Clear   
 Pink   
 Lt brown   
 std

TYPE	FLEX-VENT (OPEN)		CANAL		HALF SHELL		FULL SHELL		CANAL LOCK		SKELETON SEMI SKELETON		SKELETON (OPEN)		RIE (RIC) MICRO-MOLD	
	hard L	soft R	hard L	soft R	hard L	soft R	hard L	soft R	hard L	soft R	hard L	soft R	hard L	soft R	hard L	soft R
Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vent type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canal length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tube type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tube retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wax protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

† FACTORY SELECT: LAB CHOOSES MOST APPROPRIATE OPTION (BASED UPON STYLE SELECTION AND AUDIOGRAM DATA)

<sup>1</sup> 13 THICK TUBING IS RECOMMENDED AND IS THE DEFAULT FOR ALL POWER DEVICES

AVAILABLE  DEFAULT  std STANDARD

Special options may be accommodated upon request—see Earmold Styles Guide