

miniRITE Earmold Order Form

For Encanta Instruments

☐

RUSH ORDER:

48 hours in-house & next day delivery
(charge applies)

Your Information

Step 1: Ship to Information

Step 2: Patient Information

Ship to Account:

Account Name:

Address:

City:State:Zip:

Phone #:

Contact Name:

Email (required):

Bill to Account: 6001400

Date:Fitting Date:

Purchase Order #:

First Name:

Last Name:

Age:

Medicaid #:

Audiometric Information

Hz:2505001k2k3k4k6k

AC Right:

AC Left:

3. Instrument Information & Identification (only required for Existing Instruments and New Instrument Orders)

☐ New Mold and New Instrument☐ New Mold for Existing Instrument☐ New Mold and New Speaker for Existing Instrument

Model:

Style:

Serial # (if existing):

Color:

Qty:

Accessories:

4. Style and product options (Removal String standard for MicroMold, LiteTip and MicroShell Detect)

MICROMOLD
(Solid)

LITETIP
(Hollow)

MICROSHELL DETECT
(Hard acrylic embedded)

MaterialR L

Retention Styles

miniFit Detect Fitting Level

Vent Size

MaterialR L

Retention Styles

miniFit Detect Fitting Level

Vent Size

Retention StylesR L

MicroShell Detect Fitting Level

Vent Size

Color options

5. Mold Special Options

Order contains contaminated impression. Handlers use gloves.

Please make any changes necessary to fit the receiver size without contacting me.

Special Instructions:

Please Send:

☐ Impression Boxes☐ Service Ord. Forms

☐ Return Labels☐ Return Impressions²