

1. Customer Information

SHIP TO	ACCT #	Date
	Name	
	Street	
	City	State
BILL TO	Name	
	PO	
	Contact Name	
	Office Phone/E-mail	

2. Patient Information

Last name

First name DOB (for patient reference)

250 500 750 1K 1.5K 2K 3K 4K 6K 8K

Left AC										
Right AC										

3. Earmold

INSTRUMENT INFORMATION	Send with order	YES	NO
ReSound Sensia.....		☐	☐
ReSound Sensia CROS Transmitter (Select only one side)		☐	☐
ReSound Sensia Bimodal (microRIE in Tech Level 9 or 5 only)...		☐	☐
ReSound Vivia		☐	☐
ReSound Vivia CROS Transmitter (Select only one side).....		☐	☐
ReSound Savi		☐	☐
ReSound Nexia.....		☐	☐
ReSound Nexia CROS Transmitter (Select only one side)		☐	☐
ReSound Key		☐	☐

Technology Level: ☐ 9 ☐ 7 ☐ 5 ☐ 4 ☐ 3 ☐ 2 **Charger:** Premium ☐
 Standard ☐
 Model Color Desktop ☐

ENCASED (n/a with M&RIE)  ☐ L ☐ R

MICROMOLD  ☐ L ☐ R

HOLLOW CAVITY (HC)  ☐ L ☐ R

HALF SHELL  ☐ L ☐ R

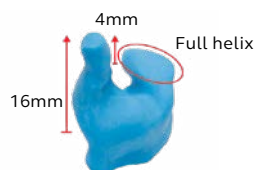
SEMI-SKELETON  ☐ L ☐ R

SKELETON  ☐ L ☐ R

FULL SHELL  ☐ L ☐ R

EAR 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



4. Options

MATERIAL

☐ Hard (acrylic) ☐ Soft (silicone) (n/a for Encased)

SHELL COLOR

☐ Clear.....	☐ L	☐ R
☐ Beige.....	☐ L	☐ R
☐ Light (hard only).....	☐ L	☐ R
☐ Medium.....	☐ L	☐ R
☐ Dark.....	☐ L	☐ R
☐ Rose (hard only, n/a for Encased).....	☐ L	☐ R
☐ EarLusion Light (hard only, n/a for Encased).....	☐ L	☐ R
☐ Espresso (hard only).....	☐ L	☐ R
☐ Red/Blue.....	☐ L	☐ R

FACEPLATE COLOR (Encased only)

☐ Light.....	☐ L	☐ R
☐ Beige.....	☐ L	☐ R
☐ Medium.....	☐ L	☐ R
☐ Dark.....	☐ L	☐ R
☐ Espresso.....	☐ L	☐ R
☐ Anthracite.....	☐ L	☐ R
☐ Clear.....	☐ L	☐ R

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

M&RIE (MM) (n/a for Encased or CROS transmitter).....	☐ L	☐ R
Low power (LP).....	☐ L	☐ R
Medium power (MP).....	☐ L	☐ R
High power (HP).....	☐ L	☐ R
Ultra power (UP) (Encased only, n/a for CROS transmitter)....	☐ L	☐ R

CANAL LENGTH

Factory select.....	☐ L	☐ R
As marked.....	☐ L	☐ R

VENTING

Factory select.....	☐ L	☐ R
MOV (Vent modification recommended).....	☐ L	☐ R
SAV.....	☐ L	☐ R
Pressure.....	☐ L	☐ R
None.....	☐ L	☐ R

VENT MODIFICATION (n/a for Hollow Cavity)

Factory select.....	☐ L	☐ R
Semi-IROS.....	☐ L	☐ R
IROS.....	☐ L	☐ R

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

HF3.....	☐ L	☐ R
HF4 (Encased only).....	☐ L	☐ R
GN Wax Filter (default for Encased).....	☐ L	☐ R
Extended Receiver Tube.....	☐ L	☐ R
None (default for hard, N/A for SureFit 3 Encased).....	☐ L	☐ R

RETENTION

Add canal lock (Encased/Micromold/HC only).....	☐ L	☐ R
Add semi-skeleton lock (Encased only).....	☐ L	☐ R
Add helix lock (Encased only).....	☐ L	☐ R
Add skeleton lock (Encased/HC only).....	☐ L	☐ R
Add soft coat (acrylic only).....	☐ L	☐ R

OTHER OPTIONS

Removal cord.....	☐ L	☐ R
Blue/Red dots.....Size (circle): SMALL or LARGE		
L/R letters.....Size (circle): SMALL or LARGE		
Patient identification 12 character max:		

*SureFit 2B are not available for new order and are only applicable to existing fittings

PLEASE SEND ☐ This form ☐ Air bills ☐ Impression mailers

Special instructions