

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. Product

TECHNOLOGY LEVEL (must select one)

ReSound Sensia (All styles available) ☐ 9 ☐ 7 ☐ 5 ☐ 4

ReSound Nexia (All styles available) ☐ 9 ☐ 7 ☐ 5

ReSound Savi (Non-rechargeable styles only) ☐ 3 ☐ 2

FULL SHELL (ITE)



☐ Please indicate by checking this box if it is acceptable to opt for a larger size in order to maintain the recharge-ability aspect for the patient.

☐ Factory select

☐ L ☐ R MP

☐ L ☐ R HP

☐ L ☐ R UP

HALF SHELL (ITE)



☐ Please indicate by checking this box if it is acceptable to opt for a larger size in order to maintain the recharge-ability aspect for the patient.

☐ Factory select

☐ L ☐ R MP

☐ L ☐ R HP

☐ L ☐ R UP

ITC*



*Devices will be built as small as possible based on the patient's ear anatomy.

☐ Factory select

☐ L ☐ R LP

☐ L ☐ R MP

☐ L ☐ R HP

☐ L ☐ R UP

ITC



(Options)

☐ L ☐ R Half Shell

☐ L ☐ R Full Shell

☐ Factory select

☐ L ☐ R LP

☐ L ☐ R MP

☐ L ☐ R HP

☐ L ☐ R UP

CIC



Available in ReSound Sensia, ReSound Nexia or ReSound Savi

☐ Factory select

☐ L ☐ R LP

☐ L ☐ R MP

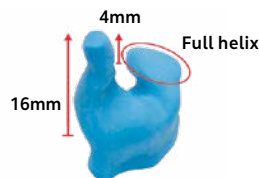
☐ L ☐ R HP

Please mark the horizontal plane on the Ear Impressions.

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

SHELL/FACEPLATE COLOR

☐ Anthracite	☐ L ☐ R
☐ Light Beige	☐ L ☐ R
☐ Beige	☐ L ☐ R
☐ Medium Brown	☐ L ☐ R
☐ Brown	☐ L ☐ R
☐ Dark Brown	☐ L ☐ R
☐ Clear (shell only - must also select faceplate color)	☐ L ☐ R
☐ Red/Blue (shell only—must also select faceplate color; default is Red for right, Blue for left)	☐ L ☐ R

CANAL LENGTH

Factory select ☐ L ☐ R

As marked ☐ L ☐ R

VENTING

Factory select ☐ L ☐ R

MOV ☐ L ☐ R

SAV ☐ L ☐ R

Pressure ☐ L ☐ R

None ☐ L ☐ R

VENT MODIFICATION

Step vent at faceplate (Std for ITC/HS/FS) ☐ L ☐ R

Semi-IROS (CIC only) ☐ L ☐ R

IROS ☐ L ☐ R

WAX PROTECTION

Factory select ☐ L ☐ R

HF3 ☐ L ☐ R

HF4 ☐ L ☐ R

GN Wax Filter ☐ L ☐ R

Extended Receiver Tube ☐ L ☐ R

MANUAL CONTROLS

Push button (Std for rechargeable models) ☐ L ☐ R

OTHER OPTIONS

Removal cord (std for CIC) ☐ L ☐ R

Removal loop ☐ L ☐ R

Volume control (non-rechargeable ITC only) ☐ L ☐ R

Blue/Red dots ☐ Size (check): ☐ SMALL or ☐ LARGE

L/R letters ☐ Size (check): ☐ SMALL or ☐ LARGE

Patient identification 12 character max:

WIRELESS ACCESSORIES (N/A FOR CIC)

☐ ReSound Remote Control ☐ ReSound TV Streamer 2

☐ ReSound Multi-Mic+* ☐ ReSound TV-Streamer+*

*Multi-Mic+ and TV-Streamer+ are only compatible with ReSound Nexia wireless models

5. Warranty and Other options

Additional Warranty ☐ +1 Year ☐ +2 Years

Please send ☐ This form ☐ Impression Mailer

☐ Air Bills ☐ RS Fitting Software

☐ Remove Loop

Special instructions