

RIC/RECEIVER ORDER FORM

HIGHLIGHTED / GREEN AREAS MUST BE COMPLETED FOR APPROPRIATE MATRIX SELECTION

STEP 1 - ORDER

BILL TO: ACCOUNT NUMBER:
 ADDRESS:

SHIP TO: ACCOUNT NUMBER:
 ADDRESS:

CONTACT: PHONE:
 EMAIL: FAX:

CONTACT: PHONE:
 EMAIL: FAX:

SERVICE OPTIONS (ADDITIONAL CHARGES APPLY)

SAME-DAY SERVICE ONE-DAY SERVICE

WARRANTY OPTIONS (REPAIR/LOSS & DAMAGE)

2ND YEAR 3RD YEAR 4TH YEAR 5TH YEAR

STEP 2 - PATIENT (FILL OUT PATIENT'S NAME, DOB/AGE AND DATE)

REFERRING ORGANIZATION
 FIRST NAME LAST NAME PATIENT DOB/AGE DATE

TEST DATA	MCL L:	MCL R:	UCL L:	UCL R:					
Air RIGHT									
Bone									
Frequency	250	500	750	1K	2K	3K	4K	6K	8K
Air LEFT									
Bone									

HEARING AID HISTORY

LEFT PREVIOUS USER YES NO PREVIOUS VENT SIZE
 RIGHT PREVIOUS USER YES NO L: _____ R: _____
 OUTPUT/MAKE _____ GAIN/MODEL _____ SERIAL NO. (IF STARKEY) _____

STEP 3 - ORDER HEARING AID PRODUCT (WIRELESS ONLY)

FAMILY EVOLV AI ARC AI
TECHNOLOGY 2400 2000 1600 1200
STYLE OPTIONS MICRO RIC 312 RIC RECHARGEABLE RIC 312
QUANTITY: _____

STANDARD COLOR OPTIONS

CHAMPAGNE SLATE STERLING BRIGHT WHITE W/ STERLING
 ESPRESSO BLACK BRONZE

SPECIAL INSTRUCTIONS:

STEP 4 - ORDER RECEIVER

(BOLD INDICATES THE DEFAULT)

STOCK ABSOLUTE POWER (AP)

AP CANAL TEXTURE

NORMAL SOFT HARD
 RIGID UNKNOWN

THIS ABSOLUTE POWER RECEIVER ATTACHES TO:

EVOLV AI ARC AI OTHER

RECEIVER CABLE LENGTH (REQUIRED FOR STOCK AND AP)

LEFT 1 2 3 4 5
 RIGHT 1 2 3 4 5

Receiver gain is selected by factory.

AP SHELL OPTIONS (CLEAR SHELL ONLY)

CANAL CANAL LOCK
 HALF SHELL
 FULL SHELL

AP WAX PROTECTION

HEAR CLEAR
 EXTENDED RECEIVER TUBE
 BICONIC WAX GUARD

AP VENTING OPTIONS

LEFT MANUFACTURER SELECT NO VENT 1V 2V 3V OPEN/BAV
 RIGHT MANUFACTURER SELECT NO VENT 1V 2V 3V OPEN/BAV



DO NOT WRITE HERE
 FACTORY USE ONLY