ABSOLUTE POWER CUSTOM RECEIVER/RIC ORDER FORM

HIGHLIGHTED / BLUE AREAS MUST BE COMPLETED FOR APPROPRIATE MATRIX SELECTION

SHIP TO:

STEP 1 - ORDER

ATTENTION TO: ORDERING-GLENCOE@ STARTHEARING.COM

ACCOUNT NUMBER:

E6048 (INSURANCE & WORKERS COMP)
E6009 (DISCOUNT)

ADDRESS:			
CONTACT:	PHON	E:	
EMAIL:			

ACCOUNT NUMBER:

SERVICE OPTIONS (ADDITIONAL CHARGES APPLY)

SAME-DAY SERVICE \$49.99 O ONE-DAY SERVICE \$29.99 PRICES SUBJECT TO CHANGE. INTERNATIONAL PRICES MAY DIFFER.

STEP 2 - DEVICE INFORMATION

FIRST NAME	LAST NAME	PATIENT DOB/AGE		
Air LEFT Bone *Required air conduction thresholds • STEP 3 - ORDER HEARIN	-		HEARING AID HIS PREVIOUS HEARING A SERIAL # (IF STARKEY) 8K OTHER MANUFACTURE YEARS OF HEARING AID L SPECIAL INSTRUCTIONS:	D USER VENTING C LARGE SMALL NONE ER PREVIOUS GAIN
		QUANTITY:		
REFERENCE # STEP 4 - ORDER ABSOLU (BOLD INDICATES THE DEFAULT) CANAL TEXTURE	TE POWER (AP) PRODU	/ER		START >> HEARING
	C EVOLV AI C C CD) CD) CD) CD) CD) CD) CD) CD	OTHER		WRITE HERE Y USE ONLY
- SELECT C	NO VENT () 1V () 2V () 3 NO VENT () 1V () 2V () 3	-		ed. P00012725 3/25 FORM2605-18-EN-SH re registered trademarks of Starkey Laboratories, Inc. s, Inc.