

STEP 1: ACCOUNT INFORMATION

Bill-to Account #: _____
Ship-to Account #: _____
PO #: _____
Address: _____
City: _____ State: _____ Zip: _____
Hearing Care Provider: _____
Phone: _____
Email: _____

STEP 3: SELECT SERVICE

Shipping Method & 24-Hour Service

(See Price & Policy Guide for price information)

- ☐ Standard (Delivery by end of day)
☐ Morning by 10:30 AM
☐ Early AM by 8:00 AM

Impression Recommendations



- Use silicone impression material.
- Make impressions past the second bend.
- For optimal microphone placement, it is recommended to draw a horizontal line through the tragus on the earmold impression.

☐ Use previous CAMISHA impression state(s) to manufacture this order.

Right Serial #: _____ Left Serial #: _____

STEP 2: PATIENT INFORMATION

Fitting Date: _____

First Name: _____

Last Name: _____

Audiometric Information

	250Hz	500Hz (Required)	1kHz	2kHz	3kHz	4kHz
Right						
Left						

Widex may decrease the vent size to accommodate your order request. Would you like to be consulted before this change is made? ☐ Y ☐ N

Widex may change your selected sides for the volume control and program button features. Would you like to be consulted before this change is made? ☐ Y ☐ N

Previous User: ☐ Y ☐ N

Ear Texture: ☐ Soft ☐ Medium ☐ Firm

Impression: ☐ Open mouth ☐ Closed mouth

STEP 4: SELECT CUSTOM HEARING AID AND FEATURES

Select Technology Level

☐ Moment 440 ☐ Moment 330 ☐ Moment 220 ☐ Moment 110

Select Style and Size (Compatible options are listed below each device style)

IM (85 dB)	IP (90 dB)	XP (85 dB)	CIC	CIC-MICRO
 Canal ☐ R ☐ L Half Shell ☐ R ☐ L Full Shell ☐ R ☐ L	 Canal ☐ R ☐ L Half Shell ☐ R ☐ L Full Shell ☐ R ☐ L	 Canal ☐ R ☐ L Half Shell ☐ R ☐ L Full Shell ☐ R ☐ L	 80 dB ☐ R ☐ L 90 dB ☐ R ☐ L	 80 dB ☐ R ☐ L 90 dB ☐ R ☐ L

Select Available Features

Volume Control* ☐ R ☐ L	Volume Control* ☐ R ☐ L	T-Coil Standard	Send Pro-Link Kit (adapter and cables for programming) at no charge. ☐
Program Button* ☐ R ☐ L	Program Button* ☐ R ☐ L		

*To optimize size and ease of use, Widex recommends NOT adding a push button and volume control on both ears

STEP 5: SELECT HEARING AID COLOR AND OPTIONS

Hearing Aid Color	Venting May vary due to ear canal size	Additional Options	Canal Length
☐ Beige ☐ Medium Brown ☐ Dark Brown ☐ Clear (If Clear shell is chosen, select a faceplate color) ☐ Beige ☐ Medium Brown ☐ Dark Brown	If no vent is selected, Widex will select Vent Optimized for Anatomy/Audiogram No Vent ☐ R ☐ L Pressure Vent ☐ R ☐ L Trench Vent ☐ R ☐ L XS ☐ R ☐ L S ☐ R ☐ L M ☐ R ☐ L L ☐ R ☐ L XL ☐ R ☐ L IROS Vent ☐ R ☐ L Semi IROS Vent ☐ R ☐ L Reverse Horn Vent ☐ R ☐ L Largest Vent Possible ☐ R ☐ L Vent Optimized for Anatomy/Audiogram ☐ R ☐ L	Soft Hypoallergenic Shell Coat ☐ R ☐ L Hard Hypoallergenic Shell Coat (Default) ☐ R ☐ L Retention Ring ☐ R ☐ L Removal Line (Standard on CIC; CIC-M) ☐ R ☐ L Removal Post (N/A on CIC; CIC-M) ☐ R ☐ L Removal Notch (N/A on CIC; CIC-M) ☐ R ☐ L Safety Loop ☐ R ☐ L Canal Lock (N/A - Full and Half Shell) ☐ R ☐ L No Helix - 3/4 Shell ☐ R ☐ L Thick Removal Line ☐ R ☐ L	Short ☐ R ☐ L Medium (Standard) ☐ R ☐ L Long ☐ R ☐ L As Marked on Impression ☐ R ☐ L Wax Guard NanoCare™ (Standard) ☐ R ☐ L Extended Receiver Tubing ☐ R ☐ L

Additional Comments / Special Instructions: _____

SELECT REMOTE PROGRAMMING*
(Indicate quantity)

REMOTE LINK: Silver _____

NOTE: REMOTE LINK compatible with all models except CIC-M.

STEP 6: SELECT WARRANTY OPTIONS*

INCLUDED WARRANTIES	OPTIONAL WARRANTIES
WIDEX MOMENT™ 440/330 (all styles) 3-Year Repair Warranty 3-Year Loss & Damage Coverage (Standard)	4 th Year Repair Warranty ☐ R ☐ L 4 th Year of Loss & Damage Coverage ☐ R ☐ L
WIDEX MOMENT™ 220/110 (all styles) 2-Year Repair Warranty 2-Year Loss & Damage Coverage (Standard)	3 rd Year Repair Warranty ☐ R ☐ L 3 rd Year of Loss & Damage Coverage ☐ R ☐ L 4 th Year Repair Warranty ☐ R ☐ L 4 th Year of Loss & Damage Coverage ☐ R ☐ L

Loss and Damage claims for all WIDEX MOMENT hearing aids are limited to one time within the L&D period, and are subject to a replacement fee of \$205.

STEP 7: SELECT ACCESSORIES* (Indicate quantity)

PHONE-DEX™2:	Silver _____	TV-DEX™:	Silver _____
PHONE-DEX 2 ADD'L HANDSET:	Silver _____	ADD'L TV-DEX BASE:	Silver _____
COM-DEX™:	White _____ Grey _____ Green _____	RC2-DEX™:	Silver _____ Black _____
		PerfectDry Lux™ Dryer:	White _____