

# WIRELESS BTE ORDER FORM

HIGHLIGHTED / GREEN AREAS MUST BE COMPLETED FOR APPROPRIATE MATRIX SELECTION

## STEP 1 - ORDER

**BILL TO:** ACCOUNT NUMBER:

ADDRESS:

CONTACT: PHONE:

EMAIL: FAX:

**SHIP TO:** ACCOUNT NUMBER:

ADDRESS:

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:	HEARING AID HISTORY				
Air RIGHT					LEFT PREVIOUS USER	<input type="radio"/> YES	<input type="radio"/> NO	PREVIOUS VENT SIZE	
Bone					RIGHT PREVIOUS USER	<input type="radio"/> YES	<input type="radio"/> NO	L: <input type="text"/>	R: <input type="text"/>
Frequency	250	500	750	1K	2K	3K	4K	6K	8K
Air LEFT					OUTPUT/MAKE	GAIN/MODEL		SERIAL NO. (IF STARKEY)	
Bone					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## STEP 3 - HEARING AID PRODUCT

### HEARING AID ORDER REQUIREMENTS

FILL IN SELECTION BELOW (CIRCLE THE MODEL YOU WOULD LIKE TO ORDER)

#### STYLE OPTIONS

BTE RECHARGEABLE   BTE 13   POWER PLUS BTE 13

#### BTE RECHARGEABLE

<b>STARKEY</b>	<b>AUDIBEL</b>
EVOLV AI 2400	ARC AI 2400
EVOLV AI 2000	ARC AI 2000
EVOLV AI 1600	ARC AI 1600
EVOLV AI 1200	ARC AI 1200

#### BTE 13

<b>STARKEY</b>	<b>AUDIBEL</b>
EVOLV AI 2400	ARC AI 2400
EVOLV AI 2000	ARC AI 2000
EVOLV AI 1600	ARC AI 1600
EVOLV AI 1200	ARC AI 1200

#### POWER PLUS BTE 13

<b>STARKEY</b>	<b>AUDIBEL</b>
EVOLV AI 2400	ARC AI 2400
EVOLV AI 2000	ARC AI 2000
EVOLV AI 1600	ARC AI 1600
EVOLV AI 1200	ARC AI 1200

### HEARING AID COLOR OPTIONS

#### STANDARD COLOR OPTIONS

CHAMPAGNE  BLACK  SLATE  ESPRESSO  STERLING

BRONZE  BRIGHT WHITE W/ STERLING

#### THIN TUBE SIZE OPTIONS

0  1  2  3  3+  4  4+  5  5+

### SPECIAL INSTRUCTIONS:



DO NOT WRITE HERE  
FACTORY USE ONLY