

STARKEY EVOLV AI CUSTOM WIRELESS ORDER FORM

FOR ADDITIONAL PRODUCTS, USE THE STARKEY eSTORE AT STARKEYPRO.COM

HIGHLIGHTED / BLUE AREAS MUST BE COMPLETED FOR APPROPRIATE MATRIX SELECTION

STEP 1 - ORDER

BILL TO: ACCOUNT NUMBER:

ADDRESS:

CONTACT: PHONE:

EMAIL:

P.O. NO. DATE

STATE/SPECIAL PROGRAM BENEFIT STATE

SHIP TO: ACCOUNT NUMBER:

ADDRESS:

CONTACT: PHONE:

EMAIL:

WARRANTY OPTIONS (REPAIR/LOSS & DAMAGE)

2ND YEAR 3RD YEAR 4TH YEAR 5TH YEAR
 PRICES SUBJECT TO CHANGE. INTERNATIONAL PRICES MAY DIFFER.

SERVICE OPTIONS (ADDITIONAL CHARGES APPLY)

SAME-DAY SERVICE \$54.49 ONE-DAY SERVICE \$32.69

STEP 2 - DEVICE INFORMATION

FIRST NAME LAST NAME PATIENT DOB/AGE

TEST DATA	MCL L:	MCL R:	UCL L:	UCL R:	HEARING AID HISTORY					
Air RIGHT Bone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> PREVIOUS HEARING AID USER	SERIAL # (IF STARKEY) <input type="text"/>				VENTING
FREQUENCY	250	500*	750	1K*	2K*	3K	4K*	6K	8K	<input type="radio"/> LARGE
Air LEFT Bone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> OTHER MANUFACTURER	YEARS OF HEARING AID USE <input type="text"/>				<input type="radio"/> SMALL
										<input type="radio"/> NONE
										PREVIOUS GAIN <input type="text"/>

*REQUIRED AUDIOGRAM THRESHOLDS, GAIN OPTION SELECTED BY FACTORY

STEP 3 - HEARING AID PRODUCT (BOLD INDICATES THE DEFAULT)

HEARING AID ORDER REQUIREMENTS FILL IN SELECTION BELOW

FAMILY	TECHNOLOGY	STYLE OPTIONS
<input type="radio"/> EVOLV AI	<input type="radio"/> 2400 <input type="radio"/> 2000 <input type="radio"/> 1600 <input type="radio"/> 1200 <input type="radio"/> 1000	<input type="radio"/> IN-THE-EAR RECHARGEABLE (ITE R) <input type="radio"/> HALF-SHELL RECHARGEABLE (HS R) <input type="radio"/> IN-THE-CANAL RECHARGEABLE (ITC R) <input type="radio"/> COMPLETELY-IN-CANAL (CIC)

USER CONTROLS (CHOOSE ONE)	CHARGEABLE OPTIONS	VC OPTIONS
<input type="radio"/> NO USER CONTROL <input type="radio"/> DIGITAL ROTARY* <input type="radio"/> PUSH BUTTON (VC OR MEMORY) <input type="radio"/> DIGITAL ROTARY + PUSH BUTTON*	<input type="radio"/> DIRECTIONAL* <input type="radio"/> INDUCTION COIL**	<input type="radio"/> STACKED VC*

VENTING OPTIONS	CANAL TEXTURE
<input type="radio"/> MANUFACTURER SELECT*** <input type="radio"/> NO VENT <input type="radio"/> 1 VENT	<input type="radio"/> 2 VENT <input type="radio"/> 3 VENT <input type="radio"/> OPEN/BAV <input type="radio"/> NORMAL <input type="radio"/> SOFT <input type="radio"/> HARD <input type="radio"/> RIGID <input type="radio"/> UNKNOWN

***SELECTS THE OPTIMAL COMBINATION OF RECEIVER AND VENT BASED OFF OF HEARING LOSS, PATIENT HISTORY AND SIZE AND SHAPE OF THE EAR.

FACEPLATE/SHELL OPTIONS (CHOOSE ONE)

FACEPLATE COLOR

PINK
 LIGHT BROWN
 MEDIUM BROWN
 CHESTNUT
 DARK BROWN
 BLACK

SHELL COLOR

PINK
 CLEAR
 LIGHT BROWN
 RED/BLUE
 BLACK

WAX PREVENTION

HEAR CLEAR
 EXTENDED RECEIVER TUBE

REMOVAL & FINISH OPTIONS

REMOVAL NOTCH*
 DULL/MATTE FINISH
 REMOVAL HANDLE
 CANAL LOCK (NOT AVAILABLE IN ITE)

*NOT AVAILABLE IN CIC

REFERENCE

SPECIAL INSTRUCTIONS:

DO NOT WRITE HERE
 FACTORY USE ONLY



STARKEY EVOLV AI CUSTOM NON-WIRELESS ORDER FORM

FOR ADDITIONAL PRODUCTS, USE THE STARKEY eSTORE AT STARKEYPRO.COM

HIGHLIGHTED / BLUE AREAS MUST BE COMPLETED FOR APPROPRIATE MATRIX SELECTION

STEP 1 - ORDER

BILL TO: ACCOUNT NUMBER:

ADDRESS:

CONTACT: PHONE:

EMAIL:

P.O. NO. DATE

STATE/SPECIAL PROGRAM BENEFIT STATE

SHIP TO: ACCOUNT NUMBER:

ADDRESS:

CONTACT: PHONE:

EMAIL:

WARRANTY OPTIONS (REPAIR/LOSS & DAMAGE)

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

PRICES SUBJECT TO CHANGE. INTERNATIONAL PRICES MAY DIFFER.

SERVICE OPTIONS (ADDITIONAL CHARGES APPLY)

SAME-DAY SERVICE \$54.49 ONE-DAY SERVICE \$32.69

STEP 2 - DEVICE INFORMATION

FIRST NAME LAST NAME PATIENT DOB/AGE

TEST DATA MCL L: MCL R: UCL L: UCL R:

	250	500*	750	1K*	2K*	3K	4K*	6K	8K
Air RIGHT									
Bone									
Air LEFT									
Bone									

HEARING AID HISTORY

PREVIOUS HEARING AID USER

SERIAL # (IF STARKEY)

OTHER MANUFACTURER

YEARS OF HEARING AID USE

VENTING LARGE SMALL NONE

PREVIOUS GAIN

*REQUIRED AUDIOGRAM THRESHOLDS, GAIN OPTION SELECTED BY FACTORY

STEP 3 - HEARING AID PRODUCT (BOLD INDICATES THE DEFAULT)

HEARING AID ORDER REQUIREMENTS FILL IN SELECTION BELOW

FAMILY	TECHNOLOGY	STYLE OPTIONS	USER CONTROLS (CHOOSE ONE)
<input type="radio"/> EVOLV AI	<input type="radio"/> 2400	<input type="radio"/> COMPLETELY-IN-CANAL (CIC)	<input type="radio"/> NO USER CONTROL
	<input type="radio"/> 2000	<input type="radio"/> INVISIBLE-IN-CANAL (IIC)	<input type="radio"/> PUSH BUTTON* (IC OR MEMORY)
	<input type="radio"/> 1600		
	<input type="radio"/> 1200*		
	<input type="radio"/> 1000*		

*AVAILABLE IN CIC ONLY

VENTING OPTIONS

MANUFACTURER SELECT** 2 VENT 3 VENT OPEN/BAV

NO VENT 1 VENT

CANAL TEXTURE

NORMAL SOFT HARD RIGID UNKNOWN

**SELECTS THE OPTIMAL COMBINATION OF RECEIVER AND VENT BASED OFF OF HEARING LOSS, PATIENT HISTORY AND SIZE AND SHAPE OF THE EAR.

FACEPLATE/SHELL OPTIONS (CHOOSE ONE)

FACEPLATE COLOR

PINK LIGHT BROWN MEDIUM BROWN CHESTNUT (N/A ON IIC) DARK BROWN BLACK

SHELL COLOR

PINK CLEAR LIGHT BROWN RED/BLUE BLACK

WAX PREVENTION

HEAR CLEAR WAX CAP (IIC ONLY) EXTENDED RECEIVER TUBE

REMOVAL & FINISH OPTIONS

DULL/MATTE FINISH REMOVAL HANDLE CANAL LOCK (NOT AVAILABLE IN ITE)

REFERENCE

SPECIAL INSTRUCTIONS:



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