

BILL TO

Acc't #:

Office:

Address:

Address:

City/State:

Zip: P.O.

SHIP TO

Acc't #:

Date: Phone:

Contact name:

Email:

Facility:

Address:

Address:

City/State:

Zip:

1

PATIENT DATA

Patient's name:

SSN:

LAST:

FIRST:

Previous user: ☐ YES ☐ NO

Audiogram data:

	250	500	750	1k	1.5k	2k	3k	4k	6k	8k
Left air:										
Bone:										
LDL:										
Right air:										
Bone:										
LDL:										

2

SPECIAL INSTRUCTIONS

(PLEASE PRINT CLEARLY)

3

MODEL AND OPTIONS

	Mini BTE		Standard BTE		Power BTE		High Power BTE		Super Power BTE	
	L	R	L	R	L	R	L	R	L	R
2.4GHz wireless ReSound LiNX 3D™ 9	☐	☐	☐	☐	☐	☐				
ReSound ENZO 3D™ 9							☐	☐	☐	☐
Battery	#312		#13		#13		#13		#675	
Volume control										
Volume control			☐ ☐		☐ ☐		std std		std std	
None	std std		☐ ☐		☐ ☐		.....		.....	
Color										
Dark brown (4)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Beige (5)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Light blonde (6)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Medium blonde (7)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Monza red (8) .....	☐	☐	☐	☐	☐	☐	.....	.....	.....	.....
Black (9)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Anthracite (10)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Silver (11)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Forest camo	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Desert camo	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Ocean camo	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Pearl white (12)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Ocean blue (13) .....	☐	☐	☐	☐	☐	☐	.....	.....	.....	.....
Sterling gray (14)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Gloss black (15)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Gloss anthracite (16) ..	☐	☐	☐	☐	☐	☐	.....	.....	.....	.....
Gloss medium blonde (17) .	☐	☐	☐	☐	☐	☐	.....	.....	.....	.....

(#) Color keychain reference

☐ AVAILABLE ☐ DEFAULT ☐ std ☐ STANDARD

4a

RESOUND LiNX 3D BTE THIN TUBES AND DOMES

BTE Thin Tube length		BTE Thin Tube depth		DOMES	
Size	L R	Size	L R	L R	
-1	☐ ☐	A	☐ ☐	☐ ☐	STD
0	☐ ☐		(deep)	☐ ☐	
1	☐ ☐	B	☐ ☐	☐ ☐	
2	☐ ☐		(shallow)	☐ ☐	POWER
3	☐ ☐			☐ ☐	
				☐ ☐	

OR

4b

CUSTOM BTE EARMOLD OPTIONS



For proper fit, measure from the top of the ear to the **top** of the ear canal using the ReSound measuring tool.

5

RESOUND WIRELESS ACCESSORIES

- ☐ (\$) ReSound Remote Control 2
- ☐ (\$) ReSound TV Streamer 2
- ☐ (\$) ReSound Phone Clip+
- ☐ (\$) ReSound Multi Mic
- ☐ (\$) ReSound Micro Mic
- ☐ (\$) ReSound ENZO 3D Integrated FM02 Receiver

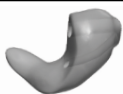
(\$) Additional charge for wireless accessories

CANAL


☐ L

☐ R

CANAL LOCK


☐ L

☐ R

SEMI-SKELETON


☐ L

☐ R

FLEX VENT


☐ L

☐ R

HALF SHELL


☐ L

☐ R

SKELETON


☐ L

☐ R

OPEN SKELETON


☐ L

☐ R

FULL SHELL


☐ L

☐ R

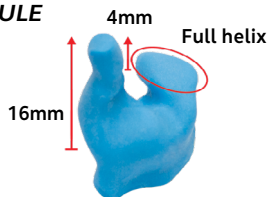
INSTRUMENT INFORMATION

MODEL _____

TRUFIT™ IMPRESSION—THE 16/4 RULE

Take an **OPEN JAW** impression when:

- Ear geometry lacks retention
- Patient has severe TMJ movement
- Instrument migrates out of ear
- Instrument is loose or has feedback



MATERIAL



Hard (acrylic)



Soft (silicone)

COLOR



Clear

☐ L

☐ R


Light

☐ L

☐ R


Medium

☐ L

☐ R


Dark

☐ L

☐ R


Rose (hard only)

☐ L

☐ R


EarLusion Light

☐ L

☐ R


Espresso (hard only)

☐ L

☐ R


Red/Blue

☐ L

☐ R

CANAL LENGTH

Factory select

☐ L

☐ R

As marked

☐ L

☐ R

VENTING

Factory select

☐ L

☐ R

MOV (Semi-IROS vent modification recommended)

☐ L

☐ R

SAV (standard for Flex Vent)

☐ L

☐ R

Pressure

☐ L

☐ R

None (standard for Open Skeleton)

☐ L

☐ R

VENT MODIFICATION

Semi-IROS

☐ L

☐ R

IROS

☐ L

☐ R

COUPLING

Thin Tube (default for Flex Vent)

☐ L

☐ R

Size:

13 Standard

☐ L

☐ R

13 Standard—dry

☐ L

☐ R

13 Heavy wall

☐ L

☐ R

TUBE RETENTION

Glue

☐ L

☐ R

Through (no glue)

☐ L

☐ R

Elbow

☐ L

☐ R

Tube lock—metal (soft only)

☐ L

☐ R

Tube lock—plastic (soft only)

☐ L

☐ R

CFA adapter (soft only)

☐ L

☐ R

OTHER OPTIONS

Removal cord

☐ L

☐ R

Blue/Red dots

Size (check):

☐ SMALL

or

☐ LARGE

Patient initials

PLEASE SEND



Air bills



Impression mailers

☐ AVAILABLE ☐ DEFAULT



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