ReSound GN

GOVERNMENT SERVICES ORDER FORM

RESOUND LiNX 3D CUSTOM

1.800.392.9932 FAX 1.888.768.1867

- ☐ RACHAP
- ☐ ACTIVE DUTY
- ☐ INDIAN HEALTH
- ☐ TRICARE
- ☐ CHOICE

ACCOUNT INFORMATION

ACCOUNT # _____

ACCOUNT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PO # _____

CONTACT

NAME _____

PHONE NUMBER _____

PATIENT INFORMATION

LAST NAME _____

FIRST NAME _____

LAST 4 DIGITS OF SSN: ☐ ☐ ☐ ☐

IMPRESSION (check): ☐ OPEN JAW ☐ CLOSED JAW

SPECIAL INSTRUCTIONS _____

LEFT	250	500	750	1k	1.5k	2k	3k	4k	6k	8k
AC										
BC										

RIGHT	250	500	750	1k	1.5k	2k	3k	4k	6k	8k
AC										
BC										

RESOUND LINX 3D 9

		POWER	MIC	BATTERY
IIC	*std* Exact fit	☐L ☐R LP	*std* Single	*std* 10A
CIC	YES NO Exact fit	☐L ☐R Factory select ☐L ☐R LP ☐L ☐R MP ☐L ☐R HP ☐L ☐R UP	*std* Single	*std* 10A
MIH		☐L ☐R Factory select ☐L ☐R LP ☐L ☐R MP ☐L ☐R HP ☐L ☐R UP	*std* Single	☐ 312 ☐ 13
ITC		☐L ☐R Factory select ☐L ☐R LP ☐L ☐R MP ☐L ☐R HP ☐L ☐R UP	*std* Dual	☐ 312 ☐ 13
HALF SHELL		☐L ☐R Factory select ☐L ☐R MP ☐L ☐R HP ☐L ☐R UP	*std* Dual	☐ 312 ☐ 13
FULL SHELL		☐L ☐R Factory select ☐L ☐R MP ☐L ☐R HP ☐L ☐R UP	*std* Dual	☐ 312 ☐ 13

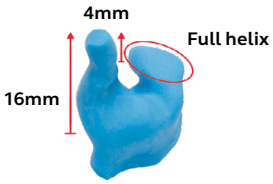
WIRELESS ACCESSORIES ($)

- ☐ ReSound Multi Mic
- ☐ ReSound Micro Mic *(N/A FOR IIC)*
- ☐ ReSound Remote Control 2
- ☐ ReSound Phone Clip+
- ☐ ReSound TV Streamer 2

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



CONNECTIVITY

☐ **Wireless** *(Full Shell, Half Shell, ITC, MIH, CIC)* ☐ **Non-wireless** *(IIC, CIC)*

SHELL/FACEPLATE COLOR

	L	R
Light *(1) (n/a for IIC)*	☐	☐
Beige *(5) (only faceplate for IIC)*	☐	☐
Medium *(2) (n/a for IIC)*	☐	☐
Dark *(3) (n/a for IIC)*	☐	☐
Espresso *(4) (n/a for IIC)*	☐	☐
Anthracite *(10) (IIC only, faceplate only)*	☐	☐
Clear *(n/a for IIC)* check: FACEPLATE *and/or* SHELL	☐	☐
Red/Blue *(STD for IIC)* *(shell only—must also select faceplate color)*	☐	☐

(#) color keychain reference

CANAL LENGTH

	L	R
Factory select	☐	☐
As marked	☐	☐

VENTING

	L	R
Factory select	☐	☐
MOV *(Semi-IROS vent modification recommended)*	☐	☐
SAV	☐	☐
Pressure	☐	☐
None	☐	☐

VENT MODIFICATION

	L	R
Semi-IROS	☐	☐
IROS	☐	☐

WAX PROTECTION

	L	R
Factory select	☐	☐
HF3 *(n/a for IIC)*	☐	☐
CeruSTOP	☐	☐

MANUAL CONTROLS (n/a for IIC)

Push button ..... ***Type*** *(check)*: ☐ STANDARD ☐ RAISED CAP

VC ..... ***Size*** *(check)*: ☐ SMALL ☐ STANDARD ☐ LARGE

Extended VC cap *(must also select VC size)* ..... ☐L ☐R

TELEPHONE

	L	R
Phone Now—acoustic *(n/a for IIC)*	☐	☐
Phone Now—telecoil *(n/a for LP, CIC, IIC)*	☐	☐
Manual telecoil *(requires push button, n/a for LP, CIC, IIC)*	☐	☐

OTHER OPTIONS

Removal cord ..... ☐L ☐R

Blue/Red dots ..... ***Size*** *(check)*: ☐ SMALL ☐ LARGE

Patient initials ..... _____

☐ AVAILABLE ☐ DEFAULT *std* STANDARD

PLEASE SEND ☐ Air bills ☐ Impression mailers

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