

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										

MATERIAL

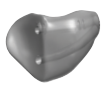
Hard (acrylic) Soft (silicone)

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

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

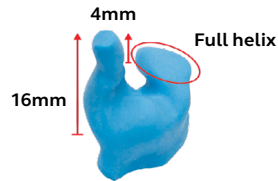
Removal cord L R
 Blue/Red dots **Size (check one):** SMALL LARGE
 Patient initials

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



PLEASE SEND Air bills Impression mailers

AVAILABLE DEFAULT

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										

MATERIAL

Hard (acrylic) Soft (silicone)
(n/a for Encased and Hollow Cavity)

RECEIVER Include (circle): YES NO Size:

Low power (LP) L R
 Medium power (MP) L R
 High power (HP) L R
 Ultra power (UP) (Encased) L R

ENCASED



MICROMOLD



HOLLOW CAVITY



SKELETON



SHELL COLOR

Clear L R
 Light L R
 Medium L R
 Dark L R
 Rose (n/a for Encased nor Hollow Cavity) L R
 EarLusion Light (n/a for Encased nor Hollow Cavity) ... L R
 Espresso (hard only) L R
 Red/Blue L R

FACEPLATE COLOR (Encased only)

Light L R
 Beige L R
 Medium L R
 Dark L R
 Espresso L R
 Anthracite L R
 Clear 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 L R
 Pressure L R
 None L R

VENT MODIFICATION (n/a for Hollow Cavity)

Semi-IROS L R
 IROS L R

WAX PROTECTION (Encased and hard only, n/a for Hollow Cavity)

HF3 L R
 CeruSTOP (default for Encased) L R
 None (default for hard, STD for Hollow Cavity) L R

OTHER OPTIONS

Removal cord L R
 Blue/Red dots Size (check one): SMALL LARGE
 Patient initials

RETENTION

Canal Lock (n/a for Skeleton) L R
 Helix Lock (n/a for Hollow Cavity and Skeleton) L R
 Skeleton Lock (n/a for Skeleton) L R
 Semi-Skeleton Lock (n/a for Hollow Cavity and Skeleton) L R

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