

Patient Name _____

Previous User: Yes ___ No ___ Date _____

BILL TO ACCOUNT NO. _____

SHIP TO ACCOUNT NO. _____

Contact _____

Contact _____

Email _____ Fax _____

Email _____ Fax _____

Check No. _____ Amount _____ P.O. No. _____

NOW NT

- L R NOW NT 325 L R NOW NT 165
- L R NOW NT 245 L R NOW 85

MODEL OPTIONS

- L R In-The-Ear L R In-The-Canal
- L R Half Shell L R Completely-In-Canal

ADDITIONAL OPTIONS

REAL EAR READY

YES

DIRECTIONAL

(Not available in CIC)

- L Left R Right

INDUCTION COIL

(Not available in CIC)

- L Left R Right

USER VOLUME CONTROLS (Standard is default on ITE-ITC)

- L R None L R Continuous Rotary
- L R Standard L R Tall Continuous Rotary
- L R Tall Standard L R Screw Set (CIC only)

MULTIMEMORY (Push Button)

- L Left Push Button R Right Push Button
- L Left Switchless R Right Switchless

FACEPLATE OPTIONS

FACEPLATE COLOR

- L R Pink L R Dark Brown L R Chestnut Brown
- L R Light Brown L R Medium Brown

SHELL OPTIONS

SHELL COLOR

- L R Pink L R Blue/Red
- L R Light Brown
- L R Clear

WAX PREVENTION (Hear Clear is default)

- L R Extended Receiver Tube
- L R Biconic Waxguard

FACEPLATE OPTIONS

- L R Removal Notch (Not available on CIC)
- L R Removal Handle
- L R Dull/Matte Finish

VENTING

- L R No Vent L R Variable Vent
- L R 1 Vent L R IROS Vent
- L R 2 Vent L R IROS Open Vent
- L R Mini Vent

- Okay to change BATTERY size if necessary w/o phone call
- Okay to change VENT size if necessary w/o phone call

SERVICE OPTIONS

- One Day Service Same Day Service

WARRANTY OPTIONS (REMAKE/REPAIR/LOSS & DAMAGE)

- 3rd Year 4th Year 5th Year

	125	250	500	1000	2000	4000	8K
0							
10							
20							
30							
40							
50							
60							
70							
80							
90							
100							
110							

SPECIAL INSTRUCTIONS

REQUESTED MATRIX COORDINATES

- L SSPL _____ L Gain _____ R SSPL _____ R Gain _____

SPEECH AUDIOMETRY

- L R B
- MCL (Most Comfortable Level) _____ _____ _____
- UCL (Uncomfortable Level) _____ _____ _____

HEARING AID HISTORY

- LEFT** Previous User YES NO **RIGHT** Previous User YES NO
- Make Model Serial No.
- _____ _____ _____
- Output Gain
- _____ _____

Patient Name _____

Previous User: Yes ___ No ___ Date _____

Patient DOB _____

SHIP TO ACCOUNT NO. _____

SHIP TO ACCOUNT NO. _____

Contact _____

Contact _____

Email _____ Fax _____

Email _____ Fax _____

Check No. _____ Amount _____ P.O. No. _____

SERVICE OPTIONS

One Day Service Same Day Service

TEST DATA	MCL L	R	UCL L	R							
Air											
RIGHT	-----										
Bone											
Frequency	250	500	750	1K	2K	3K	4K	6K	8K		
Air											
LEFT	-----										
Bone											

**xTra Power High Performance Dual Receiver selected by audio info
FITTING RECOMMENDATIONS**

1. Take impression past second bend
2. Use measurement tool to determine receiver cable length
3. Try actual receiver cable in ear with a small earbud. Receiver cable should enter ear canal AT TOP of canal.

RECEIVER CABLE LENGTH REQUIRED

LEFT 1 2 3 4 5 **RIGHT** 1 2 3 4 5

VENTING OPTIONS

No Vent (Default) 1 mm 2 mm

OPTIONS

Clear Shell Red/Blue Tipped Shell Canal Lock

RIC PRODUCT ORDER

S SERIES	QUANTITY	COLOR	COLOR OPTIONS
NOW NT 325	_____	_____	Choose product color to match hair color. Champagne Pearl Onyx Sterling Slate Bronze
NOW NT 245	_____	_____	
NOW NT 165	_____	_____	
NOW 85	_____	_____	

SPECIAL INSTRUCTIONS