

Patient Name \_\_\_\_\_

Patient DOB/Age \_\_\_\_\_ Date \_\_\_\_\_

**BILL 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 RECEIVER REQUIREMENTS**

LEFT  RIGHT

SPARE RECEIVER(S):  
LEFT  RIGHT

**VENTING OPTIONS**

No Vent (Default)  1 mm  2 mm  3 mm  BAV

**SHELL OPTIONS**

Clear Shell  Canal Lock  HearClear  
 Red/Blue Tipped Shell  Half Shell  Foam Filter  
 Full Shell  Biconic Wax Guard

**RECEIVER CABLE LENGTH REQUIRED**

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

**HEARING AID ORDER REQUIREMENTS**

FILL IN SELECTION BELOW \_\_\_\_\_ Quantity

iStream 325  
 NOW NT 325  
 NOW NT 245  NOW 85  
 NOW NT 165  Source 45

**HEARING AID COLOR OPTIONS**

Choose product color to match hair color. Circle selection.

STANDARD COLOR OPTIONS		BRIGHT COLOR OPTIONS	
<input type="radio"/> Champagne	<input type="radio"/> Pearl	<input type="radio"/> Red Hot	<input type="radio"/> Fuchsia Fabulous
<input type="radio"/> Onyx	<input type="radio"/> Sterling	<input type="radio"/> Purple Pop	<input type="radio"/> Blue Ice
<input type="radio"/> Slate	<input type="radio"/> Bronze	<input type="radio"/> Pink Pixie	<input type="radio"/> Blue Pacific

**DO NOT WRITE HERE  
FACTORY USE ONLY**

Order Form Complete:  Yes  No

Correct Impression Taken:  Perfect  
 Good for this order  
 Not good

**HEARING AID HISTORY**

LEFT Previous User  YES  NO Previous Vent Size \_\_\_\_\_  
 RIGHT Previous User  YES  NO (L) \_\_\_\_\_ (R) \_\_\_\_\_

Output/Make \_\_\_\_\_ Gain/Model \_\_\_\_\_ Serial No. (If AudioSync) \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

## Impression Instructions

- 1) Using an otoscope, inspect the ear canal for anatomical landmarks and verify it is cerumen free.
- 2) Place a flattened cotton block lubricated with OtoEase 8 to 10 mm beyond the second bend, near the eardrum.
- 3) Place the syringe deep into the ear canal and slowly pull back as the ear canal fills with the silicone impression material.

- 4) Once material is set, remove impression, being sure to break the seal via patient jaw movement and ear manipulation.
- 5) Inspect ear impression – Retake impression if not correct.

### 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.

## Impression Reference Instructions

At the heart of any good hearing aid fitting is the impression. There is no hearing instrument technology or physical modification that can substitute for a good impression. A good impression that goes beyond the second bend of the ear canal is required for the best patient result. It is best to use a flattened cotton block versus the foam block that takes up space in the ear canal and leaves it under filled with short canals. In short, follow these basic guidelines:

- 1) Examine the ear to select block size.
- 2) Place the flattened block past second bend and examine placement.
- 3) Inject the material with syringe tip deep in the canal.
- 4) Wait and remove the impression.
- 5) Inspect your work – Retake impression if needed – Pack impression with order form for shipping FedEx overnight.

### Impression Checklist

When the impression has been completed, the following points provide a useful checklist to ensure the impression is ready to be sent for production:

- Is the helix and antihelix complete?
- Does the impression have a smooth finish?
- Ensure there are no air, hair, or wax voids.
- Is the canal sufficient to define the second bend of the ear canal?
- Is the tragus portion of the ear clearly defined?
- Is the concha complete?
- There are no weld marks (caused by the impression material drying too quickly).
- The edges of the folds in the concha should not be rounded but well defined — avoid mashing the material in the concha against the pinna.



**CORRECT**

Canal, concha and helix adequately filled. Canal block left attached.



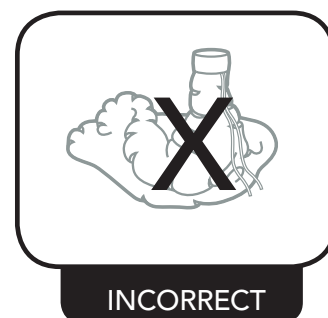
**INCORRECT**

Insufficient canal depth. Canal block not placed deeply enough in the ear.



**INCORRECT**

Slanted, under filled canal due to improper placing of block in ear. Helix either under filled or pressed out.



**INCORRECT**

Gaps or weld marks. Overall surface of impression not smooth.