

Pediatric Earmold Order Form



Customer Information

Ship To Account Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Bill To Account Number: _____

Third Party Patient Number: _____

Date: _____

Purchase Order Number: _____

Contact Name: _____

Phone: _____

Email: _____

HI Warranty/Rush Options

2nd year 3rd year 4th year 5th year* / 24-hour service (\$64.99)

*Patient age required at time of order

Step 1: Order BTE Product

Lumity

L	R	90	70	50	30	Instrument
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phonak Sky™ L-PR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phonak Sky L-M
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phonak Sky L-SP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phonak Sky L-UP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phonak Naída™ L-PR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phonak Naída L-SP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phonak Naída L-UP

CROS

L	R	90	70	50	30	Instrument
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phonak CROS L-R*

*Only compatible with Naída L-PR and Sky L-PR

Other: _____

Step 2: Color

Lumity	Paradise	Marvel	Naída Link M	Sky Link M	Exclusive to Sky L/M
H0 Beige	H0 Beige	H0 Beige	P1 Sand Beige	P1 Sand Beige	Q2 Electric Green
P1 Sand Beige	P1 Sand Beige	P1 Sand Beige	P4 Chestnut	P4 Chestnut	Q3 Caribbean Pirate
P3 Sandalwood	P4 Chestnut	P3 Sandalwood	P6 Silver Gray	P8 Velvet Black	T3 Precious Pink
P4 Chestnut	P5 Champagne	P4 Chestnut	P8 Velvet Black	Q3 Caribbean Pirate	M6 Lava Red
P5 Champagne	P6 Silver Gray	P5 Champagne		T3 Precious Pink	M7 Blue Ocean
P6 Silver Gray	P7 Graphite Gray	P6 Silver Gray		M7 Blue Ocean	M8 Majesty Purple
P7 Graphite Gray	P8 Velvet Black	P7 Graphite Gray†			
P8 Velvet Black		P8 Velvet Black			
Q2 Electric Green**		T7 Alpine White			
Q3 Caribbean Pirate**					
T3 Precious Pink**					

** Not available on Naída L products

† Not available on Sky M products

Patient Information

Last Name: _____

First Name: _____

Age: _____ Gender: _____

Is this patient order being fully or partially paid for by state or federal government funds? Yes No

Audiogram (Required for AOV):

	Hz	250	500	1K	2K	3K	4K
Left:	AC						
Right:	AC						

Shipping & Handling Options*

- Next Morning (\$32.99) 3-5 Business Days (\$19.99)
- Next Afternoon (\$21.99) C.O.D. (\$21.99 + shipping)
- 2 Business Days (\$20.99)

* Based on location and courier

Paradise

L	R	90	70	50	30	Instrument
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phonak Naída P-PR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phonak Naída P-UP

Marvel

L	R	90	70	50	30	Instrument
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phonak Sky™ M-PR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phonak Sky M-M
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phonak Sky M-SP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phonak Sky Link M
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phonak Naída Link M

Color _____

Step 3: Select Coupling (defaults in bold)

Earmolds

Style

- Phonak CROS [CB]
- Phonak Canal Lock [CL]
- Phonak Canal [CU]
- Phonak Skeleton [SK]
- Phonak Half-Shell [HC]
- Phonak Full Shell Carved [SC]
- Phonak Standard Full Shell [SU]

Canal Length

- Short [cs]
- Medium [CM]**
- Long [CL]
- Cut as marked [R.]

Options

- Soft Coat [SC] (Acrylic only)
- Helix Lock
- Removal Line [RF]
- Color Dot [CD]
- No Glue [NG] (Tubing)

Color

- Clear [CL]**
 - Brown
 - Tinted Pink
 - Specialty Color
- (Specialty Color Codes to the right. Silicone only.)

-
- Swirl. Pick up to 3
- (Specialty Color Codes to the right.
Excludes 1B, 2B, 3B, 4B and 5B):
-

Material

- Acrylic [AC]
- Silicone [S70]**

Venting

- AOV [A0]
- Large SAV [S30]**
- IROS A [IA30]
- Large Vent [P30]
- Medium [P25]
- Small [P20]
- Pressure [P12]
- No Vent [X]

Vents are drilled parallel as a default. If the physical size of the earmold or acoustic requirements prevent us from using a parallel vent, we will install a merged vent.

Tubing

- 13 Standard Clear [13M]**
- 13 Thick Clear [13T]
- Dry Tubing [13D]
- Tube Lock [TRS] (Silicone only)

Earmold Specialty Color Options

Solid Silicone



Metallic Colors



Phonak CROS



Phonak Skeleton



Phonak Canal



Phonak Canal Lock



Phonak Half Shell



Phonak Full Shell Carved



Phonak Standard Full Shell

Step 4: Remotes and Wireless Accessories

Lumity / Paradise / Marvel

- TV Connector [076-3006-0611]
- Phonak RemoteControl [076-0065-P5]
- Phonak PartnerMic™ [076-4001-P511]
- Roger Table Mic II iN [056-4001-P5011]
- Power Pack [071-0003]
- Roger On™ iN V2 [056-3027-xx011]
 - Champagne [P5]
 - Graphite Gray [P7]
- Roger Select™ iN [056-3002-xx011]
 - Champagne [P5]
 - Graphite Gray [P7]
 - Pearl White [W3]

Step 5: Notes and Special Instructions

- Call if changes are required
- No phone call required to make changes