

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 / ☐ 24-hour service (\$64.99)

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"/>		Phonak Sky™ L-PR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Phonak Sky L-UR
<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-UP

CROS

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

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

Other:

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) ☐ 2 Business Days (\$20.99)
☐ Next Afternoon (\$21.99) ☐ 3-5 Business Days (\$19.99)

* Based on location and courier

- ☐ Shipment directly to patient (\$26.99 + shipping)
☐ C.O.D. (\$21.99 + shipping)

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-UP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phonak Naída P-PR

Marvel

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

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

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]
- ☐ ☐ Bell Bore [A2]
- ☐ ☐ Color Dot [CD]
- ☐ ☐ No Glue [NG] (Tubing)

Color

- ☐ ☐ **Clear [CL]**
 - ☐ ☐ Brown
 - ☐ ☐ Tinted Pink
 - ☐ ☐ Specialty Color
- (Color codes below. Silicone only.)

- ☐ ☐ Swirl. Pick up to 3
- (Color codes to the right. Not available for metallic colors.):

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

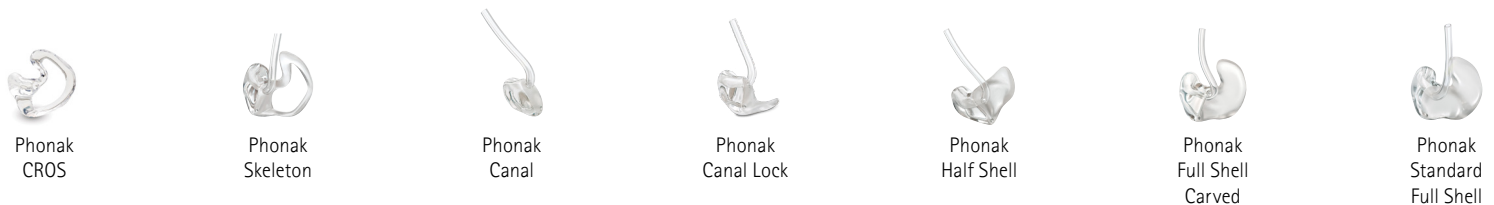
- ☐ ☐ **13 Standard Clear [13M]**
- ☐ ☐ 13 Thick Clear [13T]
- ☐ ☐ Dry Tubing [13D]
- ☐ ☐ Tube Lock [TRS] (Silicone only)

Earmold Specialty Color Options

Solid Silicone



New Metallic Colors



Step 4: Remotes and Wireless Accessories

Lumity / Paradise / Marvel

- | | | |
|--|---|--|
| <input type="checkbox"/> TV Connector | <input type="checkbox"/> Phonak PartnerMic™ | <input type="checkbox"/> Roger Select™ iN |
| <input type="checkbox"/> Phonak Remote Control | <input type="checkbox"/> Roger On™ iN | <input type="checkbox"/> Roger Table Mic II iN |

Step 5: Notes and Special Instructions

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