



2100 Orchard Avenue
San Leandro, CA 94577
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PO # _____ Acct # _____ Date: _____

Users/Patients name: _____

Contact Name: _____ Phone #: _____

RED ITEMS = DEFAULT

Impressions

- Left Right
- With Helix Lock No Helix Lock

Earpiece Style

- Shell Thick Shell Double Dip
- Custom Silhouette/Skeleton
- ¾ Shell
- Partial Silhouette
- ½ Shell
- Canal Lock
- Invisible
- Canal Only
- Regular with Metal Ring
- ITE (in the ear)
- ITC (in the canal)
- CIC (component in canal)
- _____

Material

- PolySheer II
- PolySheer Super Soft (no CFA)
- Lucite
- Flex Plastic
- _____

Color

- Flesh Tone (Color: B)
- Color _____
- w/Silver Glitter w/Gold Glitter
- Hypoallergenic (Clear NO dye)
- Starburst w/ Base Color:
 - A (Clear) or X (White) & up to 4 letter colors: 1:____ 2:____ 3:____ 4:____
- Ripples w/ Base Color (#'s, R or X): _____ & up to 3 numbered colors: 1:____ 2:____ 3:____
- Layered (canal tip is #1) 1:____ 2:____ 3:____

Modifications

- Parallel Vent**
- None Small Med. Large S.A.V.
 - C.F.A. Bore 1 2 3 4 5
 - Reverse Curve
 - Canal to mark (short, medium, long)
 - Canal as long as impression
 - Open CROS
 - Semi-IROS 1/4 Semi-IROS 1/2
 - Build up mold (std .35mm) Add ._____ mm

Tubing

Use for CFA or tube through molds

- Dry X Tube
- #13 Medium #13 Thick
- #13 Super Heavy #15
- Libby Horn
- Tube Lock (TRS)
- _____

Additional Plugs

- Solid Plugs (Hearing protection)
- Sleeping Plugs (PolySheer Super Soft)
- Swim Plugs Floatable Handle
- Communication Mold (Silhouette, Open CROS, Small bore)
- Filtered Plugs (Small bore, for interchangeable filters)

Plug Modifications

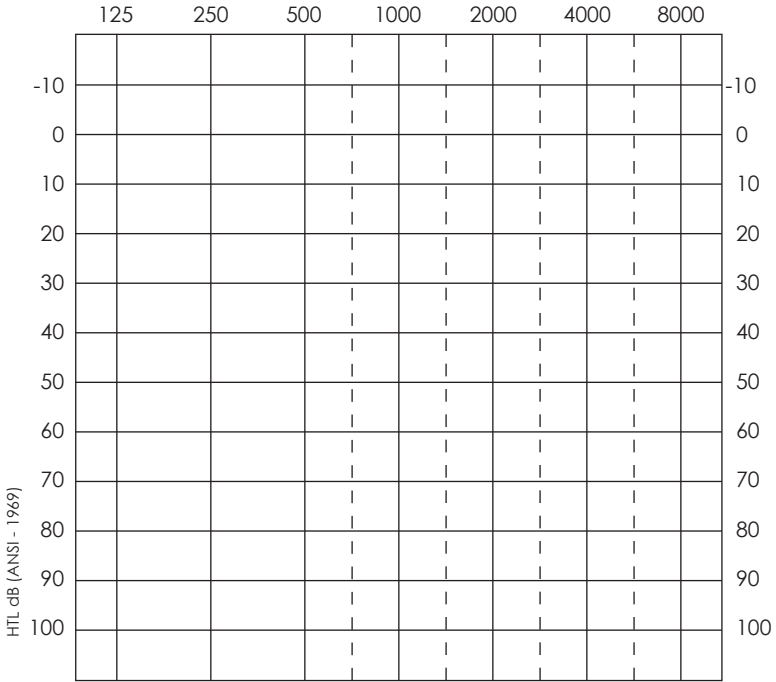
- Flex Handle
- Cord, Color coded with clip
- Filtered Vent _____ Ω
- Green Filter, Embedded
- Metallic insert (food industry)
- Concha – thin out
- _____
- Ear Texture Hard Medium Soft
- Type instruments _____
- Receiver size _____
- Tube length _____

Shipping

- UPS**
- Priority
 - First Class
- UPS**
- Ground
 - 3rd Day
 - 2nd Day
 - Next Day AM (10:30) PM (3:30)
 - Mail Direct
- (Please fill in address on back)
- Hold for Pick-up
 - SAME DAY SERVICE**
Molds must be received before 10:30AM M-Th

IMPORTANT: Audiogram MUST be completed

LEFT - X RIGHT - O Type of test used: _____



Mail Direct Address

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

SPECIAL INSTRUCTIONS
