

Virto Marvel Order Form



Date Ordered :
 Client Name/ Ref No :
 Hearing Clinic :

Delivery Date :
 Contact Name :
 Contact Number :

Number of hearing aid

<input type="checkbox"/>	Monoaural
<input type="checkbox"/>	Binaural

Form Factor

<input type="checkbox"/>	Virto M Titanium
<input type="checkbox"/>	Virto M 10 NW O
<input type="checkbox"/>	Virto M 312 NW O
<input type="checkbox"/>	Virto M 312

Performance Level

<input type="checkbox"/>	M30
<input type="checkbox"/>	M50
<input type="checkbox"/>	M70
<input type="checkbox"/>	M90

LEFT

250	500	1000	2000	4000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M	P	SP	*UP
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**UP is only available for Virto M 312*

<input type="checkbox"/>	AOV
<input type="checkbox"/>	Manually Selected

: _____ mm

<input type="checkbox"/>	AOV-O (*Virto M-Titanium only)
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Cerustop	HF3	HF4
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RIGHT

250	500	1000	2000	4000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M	P	SP	*UP
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**UP is only available for Virto M 312*

<input type="checkbox"/>	AOV
<input type="checkbox"/>	Manually Selected

: _____ mm

<input type="checkbox"/>	AOV-O (*Virto M-Titanium only)
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Cerustop	HF3	HF4
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Audiogram

Shell Style

Power Level

Shell Color Faceplate Color

Vent Size

Wax System

Push Button	Yes / No
VC Wheel	Yes / No
Removal Line	Yes / No / Longer removal line
Telecoil (*Virto NW O only)	Yes / No
Titanium Surface	Standard / Extra Retention Surface (ERS)

Special Instruction/Accessory