

# BTE / Earmould Order Form



Date Ordered :

\*\*Delivery Date :

Client Name :

Fitting Date :

Hearing Clinic :

Contact Name :

**Audiogram : This section is required for processing if Acoustically Optimized Vent (AOV) is selected.**

	250Hz	500Hz	1kHz	2kHz	3kHz	4kHz	6kHz	8kHz	
Right									dBHL
Left									dBHL

BTE Order Form		
Left	Marvel	Right
	Sky M M (312)	
	Sky M PR*	
	Sky M SP (13)	
	Bolero M M (312)	
	Bolero M PR*	
	Naida M SP (13)	
Left	Paradise	Right
	Naida P PR*	
	Naida P UP (675)	

Technology Level	
30	
50	
70	
90	

Housing Color

Hook Color
<input type="checkbox"/> Transparent (default)
<input type="checkbox"/> Others : _____

Accessories
Charger BTE RIC*
Remote Control
TV connector
Partner Mic
Perfect Drylux
Pediatric Kit
Pediatric Ear Hook & Color

Earmould Order Form					
Soft			Hard		
Left	Style	Right	Left	Style	Right
	Full shell			Full shell craved	
	Half shell			Half shell craved	
	Full shell craved			Canal	
	Half shell craved			Canal Lock	
	Canal			Skeleton	
	Helix Lock			Removal Handle	
Left	Vent	Right	Left	Vent	Right
	Occluded			Occluded	
	0.6-0.8 mm			0.6-0.8 mm	
	0.9-1.1 mm			0.9-1.1 mm	
	1.2-1.6 mm			1.2-1.6 mm	
	1.7-2.2 mm			1.7-2.2 mm	
	2.3-3.0 mm			2.3-3.0 mm	
	3.1-4.5 mm			3.1-4.5 mm	
	AOV			AOV	

Slim Tube 4.0 Options (Please circle)											
Left			Right								
Length :	00	0	1	2	3	Length :	00	0	1	2	3
Dome :	Cap	Open	Vented	Power		Dome :	Cap	Open	Vented	Power	
Dome Size :	Small	Medium	Large			Dome Size :	Small	Medium	Large		
Custom Tip :	Acrylic Slim Tip	Canal Earmould				Custom Tip :	Acrylic Slim Tip	Canal Earmould			
Vent Size :						Vent Size :					

Special Instructions :