

INVOICE

OFFICIAL USE

Date	PATIENT NAME
Account#	SHIP TO
AuD Name	PO#

OFFICIAL USE

INVOICE #

STYLE NUMBER	Style Name (listed above on inside cover)	<input type="checkbox"/> Left Ear <input type="checkbox"/> Right Ear	OFFICIAL USE ONLY	P+L BS GS	PNK YS PUR	ORA PCH AQUA
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<input type="checkbox"/> Helix Curl OFF (unless specified)	CANAL LENGTH <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> As Marked	SOUND BORE <input type="checkbox"/> Standard Bore <input type="checkbox"/> Acoustic Modifier <input type="checkbox"/> Belled Bore <input type="checkbox"/> Horn Bore	TUBE SIZE <input type="checkbox"/> Medium <input type="checkbox"/> Thick <input type="checkbox"/> Dbl. Wall	TUBE TYPE <input type="checkbox"/> Standard <input type="checkbox"/> Dri-Tube <input type="checkbox"/> Hypoallergenic	TUBE BEND <input type="checkbox"/> Single <input type="checkbox"/> Double	<input type="checkbox"/> SAME DAY LAB PROCESS & SAME DAY EXPRESS SHIPPING
<input type="checkbox"/> Helix Curl ON						
<input type="checkbox"/> Buff Helix as marked						NOTE: Any "same day" lab request must be received by noon and will incur an extra charge per order cost.
<input type="checkbox"/> Tragus <input type="checkbox"/> Taper Canal						
<input type="checkbox"/> Double Dip <input type="checkbox"/> Feedback Ring						

VENTING <input type="checkbox"/> S.A.V.	LIBBY HORN <input type="checkbox"/> 3 mm (medium) <input type="checkbox"/> 3 mm (thick) <input type="checkbox"/> 4 mm (standard)	C.F.A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5A <input type="checkbox"/> 5B	ASSEMBLY <input type="checkbox"/> Thru Canal	HEARING LOSS (dB) Right (0) Left (x)																																																																																																																																													
<input type="checkbox"/> Small .031 <input type="checkbox"/> Parallel			<input type="checkbox"/> Cemented <input type="checkbox"/> No Cement		<table border="1"> <tr> <td>125</td><td>250</td><td>500</td><td>750</td><td>1000</td><td>1500</td><td>2000</td><td>3000</td><td>4000</td><td>6000</td><td>8000</td> </tr> <tr> <td>-1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>10</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>20</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>30</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>40</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>50</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>60</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>70</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>80</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>90</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>100</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	125	250	500	750	1000	1500	2000	3000	4000	6000	8000	-1											0											10											20											30											40											50											60											70											80											90											100							
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<input type="checkbox"/> Large .094 <input type="checkbox"/> IROS			<input type="checkbox"/> Invisilock™ <input type="checkbox"/> Tube-Lock-Plus																																																																																																																																														

PLATINUM SILICONES	SILICONE COLOR STYLES	TUBE COLORS <input type="checkbox"/> CLEAR
<input type="checkbox"/> K. M25	<input type="checkbox"/> SOLID <input type="checkbox"/> Rainbow	<input type="checkbox"/> Tint <input type="checkbox"/> Brown <input type="checkbox"/> Red
<input type="checkbox"/> L. M35 (M2000™)	<input type="checkbox"/> Polka-dots <input type="checkbox"/> Marble	<input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Neon Pink
<input type="checkbox"/> H. M45	<input type="checkbox"/> Gel-E-Burst <input type="checkbox"/> Stripes	<input type="checkbox"/> Purple <input type="checkbox"/> Yellow <input type="checkbox"/> BEST MATCH
<input type="checkbox"/> N. Neon-Lite™	<input type="checkbox"/> ADD Glow-in-The-Dark	FINISHING (optional)
<input type="checkbox"/> P. PassGuard™ <input type="checkbox"/> S. SoftGuard™	COLOR OPTIONS	ACRYLIC: <input type="checkbox"/> Micro-Glaze
<input type="checkbox"/> Q. LIFEPLUGS® (up to 3 opaque colors)	Acrylic, Silicone, Synth-A-Flex	<input type="checkbox"/> High Shine
HEAT-CURE SILICONE	<input type="checkbox"/> CLEAR <input type="checkbox"/> Tint (Rose)	Medi-Sil™: <input type="checkbox"/> Micro-Glaze
<input type="checkbox"/> I. Medi-Sil™ tint (rose) is default	<input type="checkbox"/> Brown <input type="checkbox"/> Invisiear	Platinum Silicone: <input type="checkbox"/> Matte
<input type="checkbox"/> M. Medi-Sil Plus™ (M2000 Plus)	<input type="checkbox"/> Beige <input type="checkbox"/> Ice Tea	<input type="checkbox"/> NO GLAZE
<input type="checkbox"/> Clear <input type="checkbox"/> Beige <input type="checkbox"/> Ice-tea <input type="checkbox"/> Brown	<input type="checkbox"/> Red <input type="checkbox"/> Yellow	HANDLES & CORDS
OTHER MATERIALS	<input type="checkbox"/> Black <input type="checkbox"/> White	<input type="checkbox"/> Pull Cord <input type="checkbox"/> EZ-Grip® Handle
<input type="checkbox"/> A. Acrylic <input type="checkbox"/> B. Super Alerite™	<input type="checkbox"/> Pink <input type="checkbox"/> Purple	<input type="checkbox"/> Plastic Lanyard <input type="checkbox"/> Fabric Lanyard
<input type="checkbox"/> F. Synth-A-Flex™ tint (rose) is default	<input type="checkbox"/> Blue <input type="checkbox"/> Turquoise	LASER ENGRAVING
<input type="checkbox"/> G. Vinylflex tint (rose) is default	<input type="checkbox"/> Green <input type="checkbox"/> Fluxx™ Green	<input type="checkbox"/> Left & Right <input type="checkbox"/> Left <input type="checkbox"/> Right
<input type="checkbox"/> E. Polyethylene (opaque pink only)	<input type="checkbox"/> Orange <input type="checkbox"/> Yellow	<input type="checkbox"/> First Name <input type="checkbox"/> Last Name <input type="checkbox"/> Initials
<input type="checkbox"/> C. Super Alerite w/Silky Sil. Canal	ALERITE & VINYLFLEX COLORS	<input type="checkbox"/> Order # <input type="checkbox"/> First Initial & Last Name
<input type="checkbox"/> D. Acrylic Body w/Vinylflex Canal	<input type="checkbox"/> Clear	ACCESSORIES <input type="checkbox"/> Dryer Kit <input type="checkbox"/> Starter Kit
<input type="checkbox"/> J. Acrylic Body w/Synth-A-Flex Canal	<input type="checkbox"/> Tint (Rose) <input type="checkbox"/> Invisiear	<input type="checkbox"/> Stethoscope Tubing _____ ft.
GLITTER COLORS <input type="checkbox"/> MULTI <input type="checkbox"/> Crystal	<input type="checkbox"/> Brown <input type="checkbox"/> Beige <input type="checkbox"/> Ice-tea	<input type="checkbox"/> EZ-Gel™
<input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Blue <input type="checkbox"/> Purple		
<input type="checkbox"/> Pink <input type="checkbox"/> Black <input type="checkbox"/> Orange <input type="checkbox"/> Green		

FITTING INFORMATION
<input type="checkbox"/> New User <input type="checkbox"/> Old User
AID TYPE <input type="checkbox"/> BTE <input type="checkbox"/> RIC <input type="checkbox"/> Slim Tube
EAR TEXTURE <input type="checkbox"/> Soft <input type="checkbox"/> Med <input type="checkbox"/> Firm
AID GAIN <input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> Moderate
IMPAIRMENT
<input type="checkbox"/> Mild <input type="checkbox"/> Severe
<input type="checkbox"/> Moderate <input type="checkbox"/> Profound

SPECIAL INSTRUCTIONS	SHIPPING
For remakes, a full explanation is required. Please return original guarantee.	For e-mail shipment notifications, please provide e-mail address:
	<input type="checkbox"/> USPS Regular <input type="checkbox"/> Priority Mail <input type="checkbox"/> Priority Mail Express
	<input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS 2 nd Day Air <input type="checkbox"/> UPS Next Day Air
	<input type="checkbox"/> Use Account # _____
	<input type="checkbox"/> UPS <input type="checkbox"/> FedEx