

| Your Information  | Step 1: Account Information |  |  |  |                 | Step 2: Patient Information         |  |     |     |    |    |    |    |    |    |
|-------------------|-----------------------------|--|--|--|-----------------|-------------------------------------|--|-----|-----|----|----|----|----|----|----|
|                   | Ship to Account:            |  |  |  |                 | First Name:                         |  |     |     |    |    |    |    |    |    |
|                   | Account Name:               |  |  |  |                 | Last Name:                          |  |     |     |    |    |    |    |    |    |
|                   | Address:                    |  |  |  |                 | Age:                                |  |     |     |    |    |    |    |    |    |
|                   | City: State: Zip:           |  |  |  |                 | Last 4 digits of Social Security #: |  |     |     |    |    |    |    |    |    |
|                   | Phone #:                    |  |  |  |                 | Audiometric Information (required)  |  |     |     |    |    |    |    |    |    |
|                   | Contact Name:               |  |  |  |                 | Hz:                                 |  | 250 | 500 | 1k | 2k | 3k | 4k | 6k | 8k |
|                   | Email (required):           |  |  |  |                 | Right:                              |  |     |     |    |    |    |    |    |    |
|                   | Bill to Account:            |  |  |  |                 | Left:                               |  |     |     |    |    |    |    |    |    |
|                   | Date: Fitting Date:         |  |  |  |                 | Step 3: Fitter's Information        |  |     |     |    |    |    |    |    |    |
| Purchase Order #: |                             |  |  |  | Fitter's Name:  |                                     |  |     |     |    |    |    |    |    |    |
|                   |                             |  |  |  | Fitter's Email: |                                     |  |     |     |    |    |    |    |    |    |

| Color Chart (please indicate desired quantity and color) |           |               |                |                 |               |                   |                  | Speaker      |     |             |                           |   |   |   |   |
|--|-----------|---------------|----------------|-----------------|---------------|-------------------|------------------|--------------|-----|-------------|---------------------------|---|---|---|---|
| Models   | Silver 44 | Steel Grey 92 | Silver Grey 91 | Chroma Beige 90 | Terracotta 94 | Chestnut Brown 93 | Diamond Black 63 | Hear Pink 79 | Ear | Power Level | Size                      |   |   |   |   |
|  |           |               |                |                 |               |                   |                  |              |     |             | 1                         | 2 | 3 | 4 | 5 |
| Oticon More miniBTE R                                    |           |               |                |                 |               |                   |                  |              |     |             | ----- Not Available ----- |   |   |   |   |
| Oticon More miniBTE T                                    |           |               |                |                 |               |                   |                  |              |     |             | ----- Not Available ----- |   |   |   |   |
| Opn S 1 BTE Plus Power                                   |           |               |                |                 |               |                   |                  | N/A          |     |             | ----- Not Available ----- |   |   |   |   |
| Xceed SP   |           |               |                |                 |               |                   |                  | N/A          |     |             | ----- Not Available ----- |   |   |   |   |
| Xceed UP   |           |               |                |                 |               |                   |                  | N/A          |     |             | ----- Not Available ----- |   |   |   |   |
| Oticon CROS RITE   |           |               |                |                 |               |                   |                  | N/A          | L   | 60          | 85                        |   |   |   |   |
|  |           |               |                |                 |               |                   |                  |              | R   | 60          | 85                        |   |   |   |   |
| Oticon CROS PX RITE (rechargeable)                       |           |               |                |                 |               |                   |                  |              | L   | 60          | 85                        |   |   |   |   |
|  |           |               |                |                 |               |                   |                  |              | R   | 60          | 85                        |   |   |   |   |

| BTE Mold Order   |                          |                          |                  |                          |                          |                            |                          |                          |                            |                          |                          |  |
|--|--------------------------|--------------------------|------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--|
| Type   | L                        | R                        | Style            | L                        | R                        | Options                    | L                        | R                        | Venting                    | L                        | R                        |  |
| BTE Mold   | <input type="checkbox"/> | <input type="checkbox"/> | Canal            | <input type="checkbox"/> | <input type="checkbox"/> | Name/initials on mold      |                          |                          | Small vent                 | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Thin Tube Mold (Corda)                                   | <input type="checkbox"/> | <input type="checkbox"/> | Canal Lock       | <input type="checkbox"/> | <input type="checkbox"/> | (9 characters max):        | <input type="checkbox"/> | <input type="checkbox"/> | Medium vent                | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Material</b>  | <b>L</b>                 | <b>R</b>                 | Half Shell       | <input type="checkbox"/> | <input type="checkbox"/> |                            |                          |                          | Large vent                 | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Hard   | <input type="checkbox"/> | <input type="checkbox"/> | Full Shell       | <input type="checkbox"/> | <input type="checkbox"/> | Print L&R on mold          | <input type="checkbox"/> | <input type="checkbox"/> | Max vent                   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| VarioTherm® (clear only)                                 | <input type="checkbox"/> | <input type="checkbox"/> | Skeleton         | <input type="checkbox"/> | <input type="checkbox"/> | Make Canal Tip red & blue  | <input type="checkbox"/> | <input type="checkbox"/> | SAV vent                   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Soft silicone (clear only)                               | <input type="checkbox"/> | <input type="checkbox"/> | Half Skeleton    | <input type="checkbox"/> | <input type="checkbox"/> | Blue/red/white dot on mold | <input type="checkbox"/> | <input type="checkbox"/> | Pressure vent              | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Thin Tube</b><br>Only available on Opn S 1 Plus Power | <b>L</b>                 | <b>R</b>                 | Semi Skeleton    | <input type="checkbox"/> | <input type="checkbox"/> | Removal String             | <input type="checkbox"/> | <input type="checkbox"/> | No vent                    | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Corda2 miniFit tube 1.3, size -1                         | <input type="checkbox"/> | <input type="checkbox"/> | <b>Color</b>     | <b>L</b>                 | <b>R</b>                 | Removal String heavy       | <input type="checkbox"/> | <input type="checkbox"/> | <b>Tubing</b>              | <b>L</b>                 | <b>R</b>                 |  |
| Corda2 miniFit tube 1.3, size 0                          | <input type="checkbox"/> | <input type="checkbox"/> | Clear (Standard) | <input type="checkbox"/> | <input type="checkbox"/> | Removal handle             | <input type="checkbox"/> | <input type="checkbox"/> | Snap Lock tube (13 Medium) | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Corda2 miniFit tube 1.3, size 1                          | <input type="checkbox"/> | <input type="checkbox"/> | Beige            | <input type="checkbox"/> | <input type="checkbox"/> | Retention Ring             | <input type="checkbox"/> | <input type="checkbox"/> | 13 Medium tube             | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Corda2 miniFit tube 1.3, size 2                          | <input type="checkbox"/> | <input type="checkbox"/> | Light brown      | <input type="checkbox"/> | <input type="checkbox"/> | <b>Length</b>              | <b>L</b>                 | <b>R</b>                 | 13 Heavy tube              | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Corda2 miniFit tube 1.3, size 3                          | <input type="checkbox"/> | <input type="checkbox"/> | Medium brown     | <input type="checkbox"/> | <input type="checkbox"/> | Short Canal                | <input type="checkbox"/> | <input type="checkbox"/> | 13 Double-wall tube        | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Corda2 miniFit tube 1.3, size 4                          | <input type="checkbox"/> | <input type="checkbox"/> | Dark brown       | <input type="checkbox"/> | <input type="checkbox"/> | Medium Canal               | <input type="checkbox"/> | <input type="checkbox"/> | Dry Tube (13 Medium)       | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>CROS Mold</b>   | <b>L</b>                 | <b>R</b>                 |                  |                          |                          | Long Canal                 | <input type="checkbox"/> | <input type="checkbox"/> |                            |                          |                          |  |
| Retention Mold   | <input type="checkbox"/> | <input type="checkbox"/> |                  |                          |                          | As Marked                  | <input type="checkbox"/> | <input type="checkbox"/> |                            |                          |                          |  |

| Domes for Corda Thin Tubes* |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                             | Open                     |                          | OpenBass                 |                          | Double Vent Bass (1.4)   |                          | Single Vent Bass (0.7)** |                          | Power                    |                          |
|                             | L                        | R                        | L                        | R                        | L                        | R                        | L                        | R                        | L                        | R                        |
| 6mm                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8mm                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10mm                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12mm                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Opn S/Xceed Accessories       |                          |
|-------------------------------|--------------------------|
| ConnectClip                   | <input type="checkbox"/> |
| Remote Control 3.0            | <input type="checkbox"/> |
| TV Adapter 3.0                | <input type="checkbox"/> |
| Phone Adapter 2.0             | <input type="checkbox"/> |
| EduMic (ConnectClip required) | <input type="checkbox"/> |

| Chargers                       |                          |
|--------------------------------|--------------------------|
| Oticon miniBTE Desktop Charger | <input type="checkbox"/> |

**Special Instructions:**

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\*Available with Corda2 Thin Tube on Oticon More miniBTE R, Oticon More miniBTE T and Opn S 1 Plus Power  
 \*\*Compatible only with Opn S 1 Plus Power

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