

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

| Opn 1<br>Invisibility<br>Non-Wireless | Product |  | L | R | Push button             |   | Volume wheel |   | Auto Phone |   | T-Coil |   | Auto T |   | Power |   | Ultra Power |   | Connectivity Accessories |
|---------------------------------------|---------|--|---|---|-------------------------|---|--------------|---|------------|---|--------|---|--------|---|-------|---|-------------|---|--------------------------|
|                                       |         |  | L | R | L                       | R | L            | R | L          | R | L      | R | L      | R | L     | R | L           | R |                          |
| IIC                                   | 10      |  |   |   | -----Not Available----- |   |              |   |            |   |        |   |        |   |       |   |             |   | -----Not Available-----  |
| CIC                                   | 10      |  |   |   | -----Not Available----- |   |              |   |            |   |        |   |        |   |       |   |             |   | -----Not Available-----  |

|  |     |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                         |
|--|-----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------------------|
| Opn 1<br>NFMI<br>(Ear to Ear Wireless) | CIC | 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | -----Not Available----- |
|--|-----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------------------|

|   |                              |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|---|------------------------------|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Opn 1<br>Bluetooth<br>2.4 GHz<br>+ NFMI | ITC <sup>†</sup>             | 312 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> ConnectClip        |
|   | HS (half shell) <sup>†</sup> | 312 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Remote Control 3.0 |
|   |                              | 13  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> TV Adapter 3.0     |
|   | FS (full shell) <sup>†</sup> | 312 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Phone Adapter 2.0  |
| 13                                      |                              |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |

For Tinnitus SoundSupport™, a push button and NFMI is necessary.

<sup>†</sup>Push button is required to activate Flight Mode

| Product Options | Faceplate/Shell Color                                 | Canal Length<br>(Factory select unless marked)               | Vent Size<br>(Factory select unless marked) |                                   |  |
|-----------------|---|--|---|-----------------------------------|--|
|                 | <input type="checkbox"/> Beige/Beige (default)        | <input type="checkbox"/> As marked                           | <input type="checkbox"/> Small 1.0          | <input type="checkbox"/> No Vent  |  |
|                 | <input type="checkbox"/> Light Brown/Light Brown      | <input type="checkbox"/> Short (before 1 <sup>st</sup> bend) | <input type="checkbox"/> Medium 1.4         | <input type="checkbox"/> Pressure |  |
|                 | <input type="checkbox"/> Medium Brown/Clear           | <input type="checkbox"/> Medium (at 1 <sup>st</sup> bend)    | <input type="checkbox"/> Large 2.4          |                                   |  |
|                 | <input type="checkbox"/> Dark Brown/Clear             | <input type="checkbox"/> Long (before 2 <sup>nd</sup> bend)  | <input type="checkbox"/> Extra Large        |                                   |  |
|                 | <input type="checkbox"/> Black/Red or Blue (IIC Only) | <input type="checkbox"/> Deep (at 2 <sup>nd</sup> bend)      | <input type="checkbox"/> Largest Possible   |                                   |  |

**Please Send:**

- Return Impressions     New Cables     Custom Product Forms
- Impression Boxes     New Flex Strips     RITE Mold Forms
- Shipping Bags     Airbills     Service Order Forms
- RITE product order forms     BTE product order forms

**Special Instructions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

| Other Options                          | Retention                           | Removal   | Tactile                                     | Other                                  |
|--|-------------------------------------|---|---|--|
|  | <input type="checkbox"/> Canal Lock | <input type="checkbox"/> Removal Cord (Std IIC/CIC) | <input type="checkbox"/> Raised Push Button | <input type="checkbox"/> Name on Shell |
|  | <input type="checkbox"/> Helix Lock | <input type="checkbox"/> Removal Notch              | <input type="checkbox"/> Raised VC Wheel    | <input type="checkbox"/> Color Dots    |
|  | <input type="checkbox"/> Soft Coat  |   |   | <input type="checkbox"/> Matte Finish  |
| <input type="checkbox"/> Clothing Loop |                                     |   | <input type="checkbox"/> Other              |  |

INTERNAL USE ONLY  
DO NOT WRITE

17120 15555-10350/04.19

# Custom Order Form - Reference Guide

Offering a full range of custom models and styles for Opn 1 there is a custom product for all your patient's needs.

In addition to size and standard custom options, the Velox Custom Portfolio offers wireless and streaming choices – including ear to ear wireless (NFMI) and ear to ear wireless + Bluetooth (2.4 GHz).



## How to Choose:

### Invisibility

Choose an IIC or CIC for optimal discreetness, offered as Non-Wireless models only.\*

### (NFMI) Ear to Ear Wireless

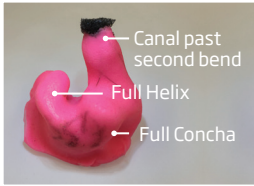
Choose a CIC for enabling binaural instrument communication, maximizing Oticon's audiological features.\* Wireless programming not available with NFMI only devices.

### Bluetooth (2.4 GHz) + NFMI

Choose an ITC, HS, or FS for direct Bluetooth streaming to both ears and binaural instrument communication, fully compatible with all connectivity devices including ConnectClip, Remote Control 3.0, Phone Adapter 2.0, and TV Adapter 3.0. Free form openings, takes advantage of space to ensure largest vent possible.

\*Connectivity accessories, including remote control, are not available.

## Getting the Fit Right - It Starts with the Impression



Be sure to provide an impression with a full concha and helix area and a canal past the second bend regardless of the model selected.

Vents are calculated in Genie 2 unless otherwise specified in the "Vent Size" or "Special Instruction" section on the order form.

## Accessories



### T-Cap

The nano-coated, wax-repellent T-Cap filter is used for all miniature custom styles using size 10 batteries.



### T-Cap (mic cover)

Gray compact/Black tools

#### Part Number (1 pc):

123328 - Beige  
123330 - Light Brown  
123331 - Med Brown  
123329 - Dark Brown  
123327 - Black



### O-Cap

The new nano-coated O-Cap microphone protection filter is designed to reject wax and fits all instruments using battery size 312 and 13.



### O-Cap (mic cover)

Gray compact/Black tools

#### Part Number (1 pc):

128003 - Beige  
128004 - Light Brown  
128005 - Med Brown  
128006 - Dark Brown



### ProWax miniFit

Providing advanced receiver port protection, the ProWax miniFit filter fits all styles in the new Oticon product family.



### ProWax miniFit

Gray "turtle"/Black tools

#### Part Number (1 pc):

128057