

Government Agencies Earmold Order Form



Patient's First Name _____ Last Four SS # _____ Date _____

Contact _____ Telephone _____

BILL TO ACCOUNT NO. _____

SHIP TO _____

Purchase Order # _____ Check # _____

Ⓛ Ⓡ OPEN MOLD

Material: Ⓛ Ⓡ SLA Ⓛ Ⓡ Canal Lock CAL

Ⓛ Ⓡ FULL SHELL MOLD

Material: Ⓛ Ⓡ Lucite LU Ⓛ Ⓡ Silicone SI
 Ⓛ Ⓡ Starflex SF Ⓛ Ⓡ Proseal EP
 Ⓛ Ⓡ Ultraflex UF

Ⓛ Ⓡ SKELETON

Material: Ⓛ Ⓡ Lucite LU Ⓛ Ⓡ Silicone SI
 Ⓛ Ⓡ Starflex SF Ⓛ Ⓡ Proseal EP
 Ⓛ Ⓡ Ultraflex UF

Ⓛ Ⓡ HALF-SHELL MOLD

Material: Ⓛ Ⓡ Lucite LU Ⓛ Ⓡ Silicone SI
 Ⓛ Ⓡ Starflex SF Ⓛ Ⓡ Proseal EP
 Ⓛ Ⓡ Ultraflex UF

Ⓛ Ⓡ CANAL LOCK MOLD

Material: Ⓛ Ⓡ Lucite LU Ⓛ Ⓡ Ultraflex UF
 Ⓛ Ⓡ Starflex SF Ⓛ Ⓡ Silicone SI

Ⓛ Ⓡ CANAL MOLD

Material: Ⓛ Ⓡ Lucite LU Ⓛ Ⓡ Silicone SI
 Ⓛ Ⓡ Starflex SF Ⓛ Ⓡ Proseal EP
 Ⓛ Ⓡ Ultraflex UF

VENTING OPTIONS

Ⓛ Ⓡ Large SAV VEL Ⓛ Ⓡ Small IROS SI
 Ⓛ Ⓡ Medium SAV VEM Ⓛ Ⓡ IROS IROS
 Ⓛ Ⓡ Small SAV VES

TUBING OPTIONS

Ⓛ Ⓡ 13 Regular 13R Ⓛ Ⓡ Elbow ELBO
 Ⓛ Ⓡ 13 Heavy 13H Ⓛ Ⓡ Stay Dry Tube DTI
 Ⓛ Ⓡ 13 Extra Heavy 13EH Ⓛ Ⓡ Tube Lock PL
 Ⓛ Ⓡ 3 mm Horn LH3 Ⓛ Ⓡ Gold Lock GOLDTL
 Ⓛ Ⓡ 4 mm Horn LH4

THIN TUBE OPTIONS

BTE Fitting OTE Fitting

Tube Length Left:
 Ⓛ Extra Short (#1) Ⓛ Extra Long (#5)
 Ⓛ Short (#2) Ⓛ Deep Medium (#3+)
 Ⓛ Medium (#3) Ⓛ Deep Long (#4+)
 Ⓛ Long (#4) Ⓛ Deep Extra Long (#5+)

Tube Length Right:
 Ⓡ Extra Short (#1) Ⓡ Extra Long (#5)
 Ⓡ Short (#2) Ⓡ Deep Medium (#3+)
 Ⓡ Medium (#3) Ⓡ Deep Long (#4+)
 Ⓡ Long (#4) Ⓡ Deep Extra Long (#5+)

COLOR OPTIONS

Ⓛ Ⓡ Clear Ⓛ Ⓡ Dark Blue
 Ⓛ Ⓡ Yellow Ⓛ Ⓡ Fuchsia Pink
 Ⓛ Ⓡ Translucent Pink Ⓛ Ⓡ Orange
 Ⓛ Ⓡ Dark Green Ⓛ Ⓡ Purple
 Ⓛ Ⓡ Red Ⓛ Ⓡ Black
 Ⓛ Ⓡ White Ⓛ Ⓡ Fiber Mold

PURE TONE TEST DATA

Air RIGHT Bone									
Frequency	250	500	750	1K	2K	3K	4K	6K	8K
Air LEFT Bone									

CREDIT CARD

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Expiration Date

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SPECIAL INSTRUCTIONS

Need back in office by:

Date _____