

ACCOUNT & CLIENT INFORMATION	
Client's Name	Date
Bill To#: C50008642 <b>COSTCO</b>	Location#:
Contact	Phone
<b>INCLUDE COPY OF PO WITH THIS ORDER FORM</b>	

STEP 1: MATERIAL/FINISH				
	Gloss		Matte	
	L	R	L	R
Acrylic (Hard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silicone (Soft)			<input type="checkbox"/>	

STEP 2: STYLE		
	RIC	BTE
RIC	<input type="checkbox"/>	N/A
RIC with Canal Lock	<input type="checkbox"/>	N/A
RIC with Helix Lock^	<input type="checkbox"/>	N/A
Foil RIC^	<input type="checkbox"/>	N/A
Foil RIC with Lock^	<input type="checkbox"/>	N/A
RIC Skeleton Foil^	<input type="checkbox"/>	N/A
Full Shell	<input type="checkbox"/>	<input type="checkbox"/>
Half Shell	<input type="checkbox"/>	<input type="checkbox"/>
Canal	<input type="checkbox"/>	<input type="checkbox"/>
Canal with Lock	<input type="checkbox"/>	<input type="checkbox"/>
Skeleton	<input type="checkbox"/>	<input type="checkbox"/>
Semi-Skeleton^	<input type="checkbox"/>	<input type="checkbox"/>
3/4 Skeleton^	<input type="checkbox"/>	<input type="checkbox"/>
1/2 Skeleton^	<input type="checkbox"/>	<input type="checkbox"/>
Open Skeleton^ (thin tube only)	<input type="checkbox"/>	<input type="checkbox"/>
Open^ (thin tube only)	N/A	<input type="checkbox"/>
Open with Lock^ (thin tube only)	N/A	<input type="checkbox"/>

^Hard Material ONLY

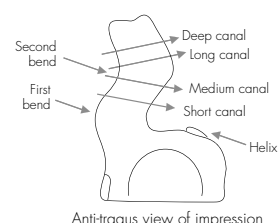
RIC Receiver Strength			
Left Receiver	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> P
Right Receiver	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> P
Please indicate which RIC product this earmold will be used with:			
<input type="checkbox"/> KS8/KS7/Trax/Quintra/Charismo/Legato/Adore/M-Core			

STEP 3: COLOR			
	L	R	L R
Clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beige			<input type="checkbox"/>
Brown			<input type="checkbox"/>

SIDE INDICATORS (Select only one)			
Blue and Red Dot	<input type="checkbox"/>	L and R	<input type="checkbox"/>
A variety of bright, opaque, glitter, and swirl colors available upon request.			

SPECIAL INSTRUCTIONS	

STEP 4: CANAL LENGTH		
	L	R
Deep	<input type="checkbox"/>	<input type="checkbox"/>
Long	<input type="checkbox"/>	<input type="checkbox"/>
Medium	<input type="checkbox"/>	<input type="checkbox"/>
Short	<input type="checkbox"/>	<input type="checkbox"/>
Cut to Mark	<input type="checkbox"/>	<input type="checkbox"/>
Full Length of Impression	<input type="checkbox"/>	<input type="checkbox"/>



Anti-tragus view of impression

STEP 5: TUBING SIZE/TYPE						
#13 Tube	3.0 mm	3.1 mm	3.3 mm	3.3 mm DRY	3.5 mm	3.6 mm
<input type="checkbox"/> Regular (default)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Double Bend Clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/> Quick-Connect		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Libby Horn						<input type="checkbox"/>

ThinTube Available with any Standard or Open earmold style.

Select a Length - Left: 1  2  3  4  5 \* 6 \*

Select a Length - Right: 1  2  3  4  5 \* 6 \*

Please indicate which BTE product this earmold will be used with:

Trax P/Mosaic P 4c  All other models

Trax MB/Legato MB, Legato PB, Mosaic PB 6c, Adore MB, Adore PB

\*Lengths 5/6 not available with Trax/Mosaic

STEP 6: VENTING						
Vent Type	Vent size (in mm)					
	1.0	1.2	1.6	2.0	3.0	Large as possible
<input type="checkbox"/> No Vent						
<input type="checkbox"/> Standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Semi IROS						<input type="checkbox"/>
<input type="checkbox"/> Trench Vent						<input type="checkbox"/>

STEP 7: REMOVAL STRING		
		L R
Add Removal String	<input type="checkbox"/>	<input type="checkbox"/>

REPAIR			
Left Serial #:			Right Serial #:
	L	R	L R
Add/Replace elbow/anchor	<input type="checkbox"/>	<input type="checkbox"/>	Increase/Decrease tube size <input type="checkbox"/>
Replace tube/connector	<input type="checkbox"/>	<input type="checkbox"/>	Add/Replace removal option <input type="checkbox"/>

REMAKE			
		90-day remake allowance from original invoice date.	
Left Serial #:			Right Serial #:
	L	R	L R
Too tight	<input type="checkbox"/>	<input type="checkbox"/>	Wire/tube protrudes <input type="checkbox"/>
Too loose	<input type="checkbox"/>	<input type="checkbox"/>	Add Canal/Helix lock <input type="checkbox"/>
Feedback	<input type="checkbox"/>	<input type="checkbox"/>	Remove Canal/Helix lock <input type="checkbox"/>
Canal too short	<input type="checkbox"/>	<input type="checkbox"/>	Change model/material <input type="checkbox"/>
Canal too long	<input type="checkbox"/>	<input type="checkbox"/>	Damaged <input type="checkbox"/>
Manufacturer error	<input type="checkbox"/>	<input type="checkbox"/>	Change color <input type="checkbox"/>
Earmold sticks out	<input type="checkbox"/>	<input type="checkbox"/>	Increase/decrease vent size <input type="checkbox"/>