

Bill To#: C50008642

COSTCO

Member Information

Last, First, Middle Initial

P.O. #

Ship To

Date

MM/DD/YY

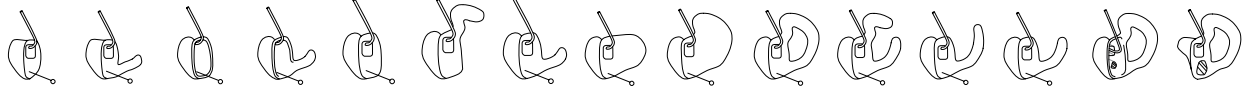
Contact Name

Phone #

Impression Enclosed L R

OR Scan on File:

Check if RIC Ordered with Earmolds



STYLE 3.0 FOR BICORE RIC 2.0 FOR ALL OTHER RIC MODELS	RIC	RIC LOCK	FOIL RIC	FOIL WITH LOCK	CANAL	CANAL HELIX LOCK	CANAL LOCK	HALF SHELL	FULL SHELL	SKELETON	SEMI SKELETON	3/4 SKELETON	1/2 SKELETON	SKELETON FOIL	SKELETON OPEN
3.0 (BiCore only)	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.0	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIAL															
ACRYLIC (SOLID)	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SILICONE (SOFT)	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOLD FINISH	COLORS	CLEAR	ROSE	BEIGE	BROWN	RED	ORANGE	YELLOW	BLUE	LILAC	BLACK	WHITE	GREEN	PINK	PURPLE
GLOSS <input type="checkbox"/>	ACRYLIC	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATTE* <input type="checkbox"/>	SILICONE OPAQUE	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*ACRYLIC ONLY	SILICONE TRANSLUCENT	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SILICONE GLITTER	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECEIVER POWER	L	R
S	<input type="checkbox"/>	<input type="checkbox"/>
M	<input type="checkbox"/>	<input type="checkbox"/>
P	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: DEFAULT OPTIONS IN BOLD

VENT TYPE	L	R
NO VENT	<input type="checkbox"/>	<input type="checkbox"/>
SEMI-IROS	<input type="checkbox"/>	<input type="checkbox"/>
STANDARD	<input type="checkbox"/>	<input type="checkbox"/>
TRENCH	<input type="checkbox"/>	<input type="checkbox"/>
OPEN	<input type="checkbox"/>	<input type="checkbox"/>

VENT SIZE*	L	R
1.0 MM	<input type="checkbox"/>	<input type="checkbox"/>
1.2 MM	<input type="checkbox"/>	<input type="checkbox"/>
1.6 MM	<input type="checkbox"/>	<input type="checkbox"/>
2.0 MM	<input type="checkbox"/>	<input type="checkbox"/>
LARGE AS POSSIBLE	<input type="checkbox"/>	<input type="checkbox"/>

*Available for Standard Vent only

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"/>
AS MARKED ON IMP	<input type="checkbox"/>	<input type="checkbox"/>

SIDE INDICATORS*	
L AND R	<input type="checkbox"/>
BLUE/RED DOT	<input type="checkbox"/>

*Select 1 only

REMOVAL STRING	
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

SPECIAL INSTRUCTIONS

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