



75 DB HP RIC RECEIVER ORDER FORM

PHONE 1(866) 739.8661
FAX 1(763) 577.0644
Use myRexton for fast and accurate service



Bill To#: C50008642

Ship To Location

Contact Name

Cycle Patient ID

Date

MM/DD/YY

Email or Phone #

Impression Enclosed R L OR Scan on File:

Serial Number(s)

Impressions on file are available for up to 3 years

CUSTOM SHELL TYPE	R	L
HP 2.0 for M-Core and older RIC	<input type="checkbox"/>	<input type="checkbox"/>
HP 3.0 for BiCore RIC	<input type="checkbox"/>	<input type="checkbox"/>

IF NEEDED, MAY WE CHANGE			
<input type="checkbox"/> Venting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Please Call
<input type="checkbox"/> Canal Length	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Please Call

CANAL LENGTH			
<input type="checkbox"/> R	<input type="checkbox"/> Deep	<input type="checkbox"/> Long	<input type="checkbox"/> Customer Select*
<input type="checkbox"/> L	<input type="checkbox"/> Deep	<input type="checkbox"/> Long	<input type="checkbox"/> Customer Select*

*Mark for proper length

RECEIVER LENGTH	0		1		2		3		4		5	
	R	L	R	L	R	L	R	L	R	L	R	L
HP 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"/>
HP 3.0	<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"/>

FACEPLATE COLOR	R	L
Mocha	<input type="checkbox"/>	<input type="checkbox"/>
Beige	<input type="checkbox"/>	<input type="checkbox"/>
Brown	<input type="checkbox"/>	<input type="checkbox"/>

VENTING	R	L
Micro Vent (1.0 mm)	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Vent (1.3 mm)	<input type="checkbox"/>	<input type="checkbox"/>
No Vent	<input type="checkbox"/>	<input type="checkbox"/>
SAV Vent (1.6 mm)	<input type="checkbox"/>	<input type="checkbox"/>

SHELL OPTIONS/COATINGS	R	L
Clear Coat	<input type="checkbox"/>	<input type="checkbox"/>
Removal String	<input type="checkbox"/>	<input type="checkbox"/>
Canal Grip	<input type="checkbox"/>	<input type="checkbox"/>
Canal Lock	<input type="checkbox"/>	<input type="checkbox"/>
Helix Lock	<input type="checkbox"/>	<input type="checkbox"/>
Skeleton Lock (3.0 only)	<input type="checkbox"/>	<input type="checkbox"/>

SHELL COLORS	R	L
Tan	<input type="checkbox"/>	<input type="checkbox"/>
Beige	<input type="checkbox"/>	<input type="checkbox"/>
Brown	<input type="checkbox"/>	<input type="checkbox"/>
Red	<input type="checkbox"/>	<input type="checkbox"/>
Blue	<input type="checkbox"/>	<input type="checkbox"/>
Clear	<input type="checkbox"/>	<input type="checkbox"/>

WAXGUARD 3.0	R	L
Cerustop XL	<input type="checkbox"/>	<input type="checkbox"/>
WAXGUARD 2.0	R	L
QuickGuard	<input type="checkbox"/>	<input type="checkbox"/>
Wax Spring	<input type="checkbox"/>	<input type="checkbox"/>
Extended Receiver Tube	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

Default options are bold

SPECIAL INSTRUCTIONS