

Bill To# Ship To Location Contact Name

Cycle Patient ID Email or Phone #

P.O.# Date

Impression Enclosed R L Impressions on file are available for up to 3 years
 Scan on File: R L
 Use OtoScan ID: R L

BTE STANDARD EARMOLD - REACH B-LI M RUGGED, BICORE B-LI M RUGGED, M-CORE B-LI HP, B-LI P, B-LI M, AND OLDER
 USE WHEN REQUESTING STANDARD TUBING ONLY



| STYLE | FULL SHELL | 1/2 SHELL | SKELETON | SEMI SKELETON | 3/4 SKELETON | 1/2 SKELETON | CANAL | CANAL LOCK | OPEN | OPEN LOCK | SKELETON OPEN |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ACRYLIC (HARD) | <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"/> |

| COLORS | CLEAR | ROSE | BEIGE | BROWN | RED | ORANGE | YELLOW | BLUE | LILAC | BLACK | WHITE | GREEN | PINK | PURPLE |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |
| SILICONE CLEAR | <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 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"/> |
| 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"/> |

*can swirl up to 3 colors

| | FINISH | | CANAL LENGTH | | | | | | REMOVAL STRING | | SIDE INDICATORS (SELECT 1 ONLY) | | |
|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|
| | GLOSS | MATTE | SHORT | MEDIUM | LONG | DEEP | AS MARKED | LONG AS IMP | YES | NO | R/L | RED/BLUE DOT | NAME |
| Right | <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"/> |
| Left | <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"/> |

| VENTING - ACRYLIC MOLDS ONLY | | | | Select diameter if Standard selected | | | | | | | | | | | | | | | |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| NONE | | TRENCH | | SEMI-HROS | | STANDARD | | 1 | | 1.2 | | 1.6 | | 2 | | 3 | | LG AS POSS | |
| R | L | R | L | R | L | R | L | R | L | R | L | R | L | R | L | R | L | R | L |
| <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"/> | <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"/> | <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"/> |

| STANDARD #13 TUBING SIZE FOR M-CORE M, P, HP AND ALL OTHER BTE MODELS | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| STANDARD TUBING | LIBBY HORN | 3.1 MM | 3.3 MM | 3.3 DRY | 3.5 MM | 3.6 MM |
| REGULAR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DOUBLE BEND | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| LIBBY HORN | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Default options are **bold**
 Models and options are subject to change. Please use our online earmold ordering system for current selections located in your bookmarks under Rexton Online Order Status.

SPECIAL INSTRUCTIONS

| REMAKE | | 90-day remake allowance from original invoice date | | | |
|--------------------|--------------------------|--|-----------------------------|--------------------------|--------------------------|
| Left Serial #: | R | L | Right Serial #: | R | L |
| 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"/> |