

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

75 DB HP RECEIVER MOLD 3.0 AND 2.0
FOR REACH PLUS, REACH, BICORE, M-CORE, KS8, KS7, ADORE, LEGATO

CUSTOM SHELL TYPE	R	L
HP 2.0 for M-Core and older RIC	<input type="checkbox"/>	<input type="checkbox"/>
HP 3.0 for Reach Plus, REACH, and 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 FINISH	R	L
Shiny	<input type="checkbox"/>	<input type="checkbox"/>
Matte	<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

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"/>

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.