

**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

## INSTANT FIT 3.0 EARMOLD FOR REACH INOX-CIC LI ONLY

MATERIAL	SIDE	
	R	L
Silicone - Clear	<input type="checkbox"/>	<input type="checkbox"/>
Acrylic - Clear	<input type="checkbox"/>	<input type="checkbox"/>
FINISH	R	L
Gloss	<input type="checkbox"/>	<input type="checkbox"/>
Matte	<input type="checkbox"/>	<input type="checkbox"/>
CANAL LENGTH	R	L
Medium	<input type="checkbox"/>	<input type="checkbox"/>
Short	<input type="checkbox"/>	<input type="checkbox"/>

VENTING FOR SILICONE MOLDS ONLY														
	0		1		1.2		1.6		2		2.5		3	
	R	L	R	L	R	L	R	L	R	L	R	L	R	L
NONE	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
TRENCH			<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 FOR ACRYLIC MOLDS ONLY														
NONE	<input type="checkbox"/>	<input type="checkbox"/>												
TRENCH							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<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.