WIRELESS BTE ORDER FORM

HIGHLIGHTED / GREEN AREAS MUST BE COMPLETED FOR APPROPRIATE MATRIX SELECTION

STEP 1 - ORDER

BILL TO:

PURCHASE ORDER #:

EMAIL:

ACCOUNT NUMBER:

☐ E6048 (Insurance & Workers Comp)

☐ E6009 (Discount)

PHONE:

FAX:

SHIP TO:

ADDRESS:

CONTACT:

EMAIL:

ACCOUNT NUMBER:

PHONE:

FAX:

SERVICE OPTIONS (ADDITIONAL CHARGES APPLY)

◯ SAME-DAY SERVICE ◯ ONE-DAY SERVICE

WARRANTY OPTIONS (REPAIR/LOSS & DAMAGE)

◯ 2ND YEAR ◯ 3RD YEAR ◯ 4TH YEAR ◯ 5TH YEAR

STEP 2 - PATIENT (FILL OUT PATIENT'S NAME, DOB/AGE AND DATE)

REFERRING ORGANIZATION

FIRST NAME | LAST NAME | PATIENT DOB/AGE | DATE

TEST DATA

MCL L: | MCL R: | UCL L: | UCL R:

Air RIGHT Bone									
Frequency	250	500	750	1K	2K	3K	4K	6K	8K
Air LEFT Bone									

HEARING AID HISTORY

LEFT PREVIOUS USER ◯ YES ◯ NO PREVIOUS VENT SIZE

RIGHT PREVIOUS USER ◯ YES ◯ NO L: _____ R: _____

OUTPUT/MAKE | GAIN/MODEL | SERIAL NO. (IF STARKEY)

STEP 3 - HEARING AID PRODUCT

HEARING AID ORDER REQUIREMENTS

FILL IN SELECTION BELOW (CHECK THE MODEL YOU WOULD LIKE TO ORDER)

STYLE OPTIONS

Ⓛ Ⓡ BTE RECHARGEABLE Ⓛ Ⓡ BTE 13 Ⓛ Ⓡ POWER PLUS BTE 13

BTE RECHARGEABLE

STARKEY	AUDIBEL
☐ EVOLV AI 2400	☐ ARC AI 2400
☐ EVOLV AI 2000	☐ ARC AI 2000
☐ EVOLV AI 1600	☐ ARC AI 1600
☐ EVOLV AI 1200	☐ ARC AI 1200
☐ EVOLV AI 1000	☐ ARC AI 1000

BTE 13

STARKEY	AUDIBEL
☐ EVOLV AI 2400	☐ ARC AI 2400
☐ EVOLV AI 2000	☐ ARC AI 2000
☐ EVOLV AI 1600	☐ ARC AI 1600
☐ EVOLV AI 1200	☐ ARC AI 1200
☐ EVOLV AI 1000	☐ ARC AI 1000

POWER PLUS BTE 13

STARKEY	AUDIBEL
☐ EVOLV AI 2400	☐ ARC AI 2400
☐ EVOLV AI 2000	☐ ARC AI 2000
☐ EVOLV AI 1600	☐ ARC AI 1600
☐ EVOLV AI 1200	☐ ARC AI 1200
☐ EVOLV AI 1000	☐ ARC AI 1000

HEARING AID COLOR OPTIONS

STANDARD COLOR OPTIONS

◯ CHAMPAGNE ◯ BLACK ◯ SLATE ◯ ESPRESSO ◯ STERLING

◯ BRONZE ◯ BRIGHT WHITE W/ STERLING

THIN TUBE SIZE OPTIONS

◯ 0 ◯ 1 ◯ 2 ◯ 3 ◯ 3+ ◯ 4 ◯ 4+ ◯ 5 ◯ 5+

SPECIAL INSTRUCTIONS:

START HEARING

DO NOT WRITE HERE
FACTORY USE ONLY