

# RIC/RECEIVER ORDER FORM

HIGHLIGHTED / GREEN AREAS MUST BE COMPLETED FOR APPROPRIATE MATRIX SELECTION

## STEP 1 - ORDER

**BILL TO:** ACCOUNT NUMBER:   
 ADDRESS:

**SHIP TO:** ACCOUNT NUMBER:   
 ADDRESS:

CONTACT: PHONE:  
 EMAIL: FAX:

CONTACT: PHONE:  
 EMAIL: 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 - ORDER HEARING AID PRODUCT (WIRELESS ONLY)

**FAMILY**  EVOLV AI  ARC AI  
**TECHNOLOGY**  2400  2000  1600  1200  
**STYLE OPTIONS**  MICRO RIC 312  RIC RECHARGEABLE  RIC 312  
**QUANTITY:** \_\_\_\_\_

**STANDARD COLOR OPTIONS**

CHAMPAGNE  SLATE  STERLING  BRIGHT WHITE W/ STERLING  
 ESPRESSO  BLACK  BRONZE

**SPECIAL INSTRUCTIONS:**

## STEP 4 - ORDER RECEIVER

(BOLD INDICATES THE DEFAULT)

**STOCK**  ABSOLUTE POWER (AP)

**AP CANAL TEXTURE**

NORMAL  SOFT  HARD  
 RIGID  UNKNOWN

**THIS ABSOLUTE POWER RECEIVER ATTACHES TO:**

EVOLV AI  ARC AI  OTHER

**RECEIVER CABLE LENGTH** (REQUIRED FOR STOCK AND AP)

LEFT  1  2  3  4  5  
 RIGHT  1  2  3  4  5

Receiver gain is selected by factory.

**AP SHELL OPTIONS** (CLEAR SHELL ONLY)

CANAL  CANAL LOCK  
 HALF SHELL  
 FULL SHELL

**AP WAX PROTECTION**

HEAR CLEAR  
 EXTENDED RECEIVER TUBE  
 BICONIC WAX GUARD

**AP VENTING OPTIONS**

LEFT  MANUFACTURER SELECT  NO VENT  1V  2V  3V  OPEN/BAV  
 RIGHT  MANUFACTURER SELECT  NO VENT  1V  2V  3V  OPEN/BAV



DO NOT WRITE HERE  
 FACTORY USE ONLY