STARKEY SIGNATURE SERIES CUSTOM NON-WIRELESS ORDER FORM

HIGHLIGHTED / GREEN AREAS MUST BE COMPLETED FOR APPROPRIATE MATRIX SELECTION

STEP 1 - ORDER					
BILL TO:	ACCOUNT NUMBER:	SHIP TO:		ACCOUNT NUMBER:	
Attention to:	E6048 (Insurance & Workers C	np) ADDRESS:			
ordering-glencoe@starthearing.com	E6009 (Discount)				
		P.O. BOX:			
		CONTACT:		PHONE:	
CERVICE ORTIONS		EMAII.	EMAIL: FAX:		
SERVICE OPTIONS (ADDITIONAL CHARGES APPLY)		EIVIAIL:	EWAIL. PAX.		
SAME-DAY SERVICE ONE-DAY SERVICE		WARRA	WARRANTY OPTIONS (REPAIR/LOSS & DAMAGE)		
STEP 2 - PATIENT (FILL OUT F	PATIENT'S NAME, DOB/AGE AND DAT	2ND YE	EAR 3RD YEAR 4T	H YEAR 5TH YEAR	
REFERRING ORGANIZATION					
FIRST NAME	LAST NAME		PATIENT DOB/AGE	DATE	
TEST DATA MCL L:	MCL R: UCL L:	UCL R:	HEARING AID HISTO	RY	
Air RIGHT			LEFT PREVIOUS USER	YES NO PREVIOUS VENT SIZE	
Bone			RIGHT PREVIOUS USER	YES NO L: R:	
FREQUENCY 250 500 7 Air	750 1K 2K 3K	4K 6K 8K	OUTPUT/MAKE GAIN/M	ODEL CERIAL NO (F CTAR)(F)	
LEFT			OUTFUT/MAKE GAIN/M	ODEL SERIAL NO. (IF STARKEY)	
Bone					
TECHNOLOGY SIGNATURE SERIES AID PRODUCT (BOLD INDICATES THE DEFAULT) HEARING AID ORDER REQUIREMENTS FILL IN SELECTION BELOW NON-WIRELESS STYLE OPTION CIC R (COMPLETELY-IN-CANAL RECHARGEABLE)		ow	FACEPLATE/SHELL OPTIONS (CHOOSE ONE) FACEPLATE COLOR WAX PREVENTION		
USER CONTROL	CIC (COMPLETELY-IN-CANAL) IIC (INVISIBLE-IN-CANAL)	MEDI CHES	INUI	HEAR CLEAR EXTENDED RECEIVER TUBE REMOVAL & FINISH OPTIONS DULL FINISH SHELL (DFS)	
NO PUSH BUTTON PUSH BUTTON IS STANDARD FOR CIC R AND CIC		DARK BLAC	K BROWN	DULL FINISH FACEPLATE (DF)	
NW, N/A FOR IIC		SHELL COLO	OR	CANAL LOCK	
VENTING OPTIONS*	2 VENT NORM.	FIINK			
MANUFACTURER SELECT** NO VENT	3 VENT SOFT	CLEA LIGHT	F BROWN	ing and Start Haaring logo are registered trademarks	
1 VENT	OPEN/BAV HARD RIGID	RED/E	BLUE Starkey La	ng and Start Hearing logo are registered trademarks boratories, Inc. Genesis, Intrigue and Starkey Signatu are trademarks of Starkey Laboratories, Inc. ©2024 St	
*CUSTOM VENT (CV) IS STANDARD FOR CIC R NW **SELECTS THE OPTIMAL COMBINATION OF RECEIVER AND OF HEARING LOSS, PATIENT HISTORY AND SIZE AND SHA	VENT BASED OFF	BLAC 'N		ng, Inc. All Rights Reserved. 2/24 FORM3487-00-EN-	
STEP 4 - ORDER CUSTON (BOLD INDICATES THE DEFAULT)			STAR ⁻	Γ ί>	
CUSTOM CHARGER 2.0 (WITHOUT ON-BOARD BATTERY) PREMIUM CUSTOM CHARGER 2.0 (WITH ON-BOARD BATTERY, ADDITIONAL COST APPLIES)			HEARING		
REFERENCE #					
SPECIAL INSTRUCTIONS:			DO NOT W	RITE HERE	
			FACTORY U	JSE ONLY	