

CUSTOMER INFORMATION

Bill-to Account #: _____
 Ship-to Account #: _____
 Address: _____
 Facility: _____
 City: _____ State: _____ Zip: _____
 Clinician Name: _____
 Phone: _____ Email: _____

PATIENT INFORMATION

Date: _____
 First Name: _____
 Last Name: _____
 MEDI-CAL ID #: _____
 Pediatric Order: Y N Age: _____

If no vent option is selected on this order form, Widex will select the appropriate vent based on the Audiometric Data provided.

Audiometric Information: Widex may change from hard to soft material to accommodate your order request. Would you like to be consulted before this change is made?* Y N Widex may decrease the vent size to accommodate your order request. Would you like to be consulted before this change is made?* Y N

*This may impact turn around time.

	250Hz	500Hz (Required)	1kHz	2kHz	3kHz	4kHz
Right						
Left						

Fitting Date: _____

RITE custom shell orders only: If this order is within 90 days of the BTE invoice/patient fit date, provide the BTE serial numbers.

Right Serial #: _____ Left Serial #: _____

SELECT SERVICE (Must complete)

If no service selected, Widex will only process the custom shell order. No receiver will be sent. Indicate hearing aid/device in use: R L

Custom shell only. **Proceed to Steps 1 and 2.**
 Custom shell pre-assembled to wired receiver. **Proceed to Steps 1 and 2.**
 Custom shell pre-assembled with hearing aid or CROS. **Proceed to Steps 1, 2, 4 thru 7.**
 Instant ear-tip with hearing aid or CROS. **Proceed to Steps 3 thru 7.**

Use previous CAMISHA scan(s) to manufacture this order.
 Right Serial #: _____ Left Serial #: _____

STEP 1: SELECT CUSTOM SHELL TYPE (Proceed to Step 3 if instant ear-tip is desired.)

RIC/THIN TUBE	A. Standard <input type="checkbox"/> R <input type="checkbox"/> L	B. Canal Lock <input type="checkbox"/> R <input type="checkbox"/> L	C. Extended Canal Lock <input type="checkbox"/> R <input type="checkbox"/> L	D. Concha Lock <input type="checkbox"/> R <input type="checkbox"/> L	E. Half Skeleton Lock <input type="checkbox"/> R <input type="checkbox"/> L	F. Skeleton Lock <input type="checkbox"/> R <input type="checkbox"/> L	G. Full Shell Lock <input type="checkbox"/> R <input type="checkbox"/> L	RITE <input type="checkbox"/> R <input type="checkbox"/> L	EMBEDDED <input type="checkbox"/> R <input type="checkbox"/> L	MODULAR <input type="checkbox"/> R <input type="checkbox"/> L	EARMOLD <input type="checkbox"/> R <input type="checkbox"/> L
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STEP 2: SELECT A CUSTOM SHELL OPTION

	Design	Receiver/Thin Tube Size	Material/Color	Venting <small>May vary due to ear canal size</small>	Additional Options	Wire/Thin Tube Length	
CUSTOM EAR-TIP (RIC)	<input type="checkbox"/> Hard Hollow (Flex hard) <input type="checkbox"/> R <input type="checkbox"/> L	S <input type="checkbox"/> R <input type="checkbox"/> L M <input type="checkbox"/> R <input type="checkbox"/> L P <input type="checkbox"/> R <input type="checkbox"/> L	Soft Clear <input type="checkbox"/> R <input type="checkbox"/> L Hard Clear <input type="checkbox"/> R <input type="checkbox"/> L <small>(Flex Hard Solid Shell only available in Hard Clear)</small> Hard Beige <input type="checkbox"/> R <input type="checkbox"/> L Hard Medium Brown <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Straight: <input type="checkbox"/> Trench (For Soft Shell Only): No Vent <input type="checkbox"/> R <input type="checkbox"/> L XS (Standard) <input type="checkbox"/> R <input type="checkbox"/> L S <input type="checkbox"/> R <input type="checkbox"/> L M <input type="checkbox"/> R <input type="checkbox"/> L L <input type="checkbox"/> R <input type="checkbox"/> L XL <input type="checkbox"/> R <input type="checkbox"/> L XXL <input type="checkbox"/> R <input type="checkbox"/> L Max Vent <input type="checkbox"/> R <input type="checkbox"/> L Vent Per Audiogram <input type="checkbox"/> R <input type="checkbox"/> L Open (No venting needed) <input type="checkbox"/> R <input type="checkbox"/> L	Soft Hypoallergenic Coat (Hard only) <input type="checkbox"/> R <input type="checkbox"/> L Hard Hypoallergenic Coat (Hard only) <input type="checkbox"/> R <input type="checkbox"/> L Nano Hypoallergenic Coat (Soft only) <input type="checkbox"/> R <input type="checkbox"/> L Retention Ring <input type="checkbox"/> R <input type="checkbox"/> L Thick Removal Line <input type="checkbox"/> R <input type="checkbox"/> L	R 0 1 2 3 4	L 0 1 2 3 4
	<small>*Not available for élan tube</small>	<input type="checkbox"/> Thin Tube: 0.9mm <input type="checkbox"/> R <input type="checkbox"/> L 1.4mm <input type="checkbox"/> R <input type="checkbox"/> L élan Tube (DREAM9 BTE only) <input type="checkbox"/> R <input type="checkbox"/> L					
CUSTOM EARMOLD RITE	<input type="checkbox"/> Hard 3/4 Earmold* <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Hard Full Earmold* <input type="checkbox"/> R <input type="checkbox"/> L	HP <input type="checkbox"/> R <input type="checkbox"/> L SP (For SUPER only) <input type="checkbox"/> R <input type="checkbox"/> L	Soft Clear <input type="checkbox"/> R <input type="checkbox"/> L Hard Clear <input type="checkbox"/> R <input type="checkbox"/> L Beige <input type="checkbox"/> R <input type="checkbox"/> L Medium Brown <input type="checkbox"/> R <input type="checkbox"/> L	Straight: No Vent <input type="checkbox"/> R <input type="checkbox"/> L XS (Pressure Vent) <input type="checkbox"/> R <input type="checkbox"/> L S <input type="checkbox"/> R <input type="checkbox"/> L M <input type="checkbox"/> R <input type="checkbox"/> L L <input type="checkbox"/> R <input type="checkbox"/> L XL <input type="checkbox"/> R <input type="checkbox"/> L Max Vent <input type="checkbox"/> R <input type="checkbox"/> L Vent Per Audiogram <input type="checkbox"/> R <input type="checkbox"/> L	Output Extender (Hard Shell only) <input type="checkbox"/> R <input type="checkbox"/> L Soft Hypoallergenic Coat <input type="checkbox"/> R <input type="checkbox"/> L Hard Hypoallergenic Coat <input type="checkbox"/> R <input type="checkbox"/> L Removal Notch (Hard only) <input type="checkbox"/> R <input type="checkbox"/> L Removal Line <input type="checkbox"/> R <input type="checkbox"/> L Retention Ring <input type="checkbox"/> R <input type="checkbox"/> L	R 0 1 2 3 4 5	L 0 1 2 3 4 5
	<input type="checkbox"/> Soft Earmold* <input type="checkbox"/> R <input type="checkbox"/> L	Wired HP (For FUSION only) <input type="checkbox"/> R <input type="checkbox"/> L Wired SP (For SUPER only) <input type="checkbox"/> R <input type="checkbox"/> L					
<small>*With Straight Bore - Standard</small>							
EMBEDDED / MODULAR	<input type="checkbox"/> Embedded Hard <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Modular Hard <input type="checkbox"/> R <input type="checkbox"/> L	S <input type="checkbox"/> R <input type="checkbox"/> L M <input type="checkbox"/> R <input type="checkbox"/> L P <input type="checkbox"/> R <input type="checkbox"/> L HP <input type="checkbox"/> R <input type="checkbox"/> L SP (For SUPER only) <input type="checkbox"/> R <input type="checkbox"/> L	Hard Clear (Standard) <input type="checkbox"/> R <input type="checkbox"/> L	Straight: No Vent <input type="checkbox"/> R <input type="checkbox"/> L XS (Pressure Vent) <input type="checkbox"/> R <input type="checkbox"/> L S <input type="checkbox"/> R <input type="checkbox"/> L M <input type="checkbox"/> R <input type="checkbox"/> L L <input type="checkbox"/> R <input type="checkbox"/> L XL <input type="checkbox"/> R <input type="checkbox"/> L Max Vent <input type="checkbox"/> R <input type="checkbox"/> L Vent Per Audiogram <input type="checkbox"/> R <input type="checkbox"/> L	Soft Hypoallergenic Coat <input type="checkbox"/> R <input type="checkbox"/> L Hard Hypoallergenic Coat <input type="checkbox"/> R <input type="checkbox"/> L Retention Ring <input type="checkbox"/> R <input type="checkbox"/> L Removal Line <input type="checkbox"/> R <input type="checkbox"/> L Thick Removal Line <input type="checkbox"/> R <input type="checkbox"/> L	R 0 1 2 3 4	L 0 1 2 3 4
	<small>\$50.00 per mold fee.</small>	<small>(For HP/SP impression length must include 2nd bend)</small>					
CUSTOM CONVENTIONAL EARMOLD	<input type="checkbox"/> Standard <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Skeleton <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Canal <input type="checkbox"/> R <input type="checkbox"/> L	13 Medium <input type="checkbox"/> R <input type="checkbox"/> L 13 Thick <input type="checkbox"/> R <input type="checkbox"/> L	Soft Clear <input type="checkbox"/> R <input type="checkbox"/> L Hard Clear <input type="checkbox"/> R <input type="checkbox"/> L Soft Beige <input type="checkbox"/> R <input type="checkbox"/> L Hard Beige <input type="checkbox"/> R <input type="checkbox"/> L Soft Medium Brown <input type="checkbox"/> R <input type="checkbox"/> L Hard Medium Brown <input type="checkbox"/> R <input type="checkbox"/> L	Straight: No Vent <input type="checkbox"/> R <input type="checkbox"/> L XS <input type="checkbox"/> R <input type="checkbox"/> L S <input type="checkbox"/> R <input type="checkbox"/> L M <input type="checkbox"/> R <input type="checkbox"/> L L <input type="checkbox"/> R <input type="checkbox"/> L XL <input type="checkbox"/> R <input type="checkbox"/> L Max Vent <input type="checkbox"/> R <input type="checkbox"/> L Vent Per Audiogram <input type="checkbox"/> R <input type="checkbox"/> L	Soft Hypoallergenic Coat <input type="checkbox"/> R <input type="checkbox"/> L Hard Hypoallergenic Coat <input type="checkbox"/> R <input type="checkbox"/> L Retention Ring <input type="checkbox"/> R <input type="checkbox"/> L	Short <input type="checkbox"/> R <input type="checkbox"/> L Medium <input type="checkbox"/> R <input type="checkbox"/> L Long <input type="checkbox"/> R <input type="checkbox"/> L	
	Additional design options: <input type="checkbox"/> Canal Lock <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Ext. Canal Lock <input type="checkbox"/> R <input type="checkbox"/> L						

