

Payer: **ROES** DALC PH5120018626
 RACHAP (enclose payment) if paying with cc, please enclose RACHAP authorization form
 Other:

Ship To:
 Name: _____
 Address: _____

PO #: _____ **Date:** _____
Contact: _____ **Phone:** _____
Email: _____
Patient's Last Name: _____ **Patient's 4 digit SS#:** _____
Age: _____ **Gender:** _____

Step 1: Select SPICE+ RIC Product

- Audéo SPICE Smart IX UZ RIC [050-0943-xx] Audéo SPICE Mini IX UZ RIC [050-0956-xx] N/A with remote or iCom
- Colors:** Beach Beige (F6), Mocha Taupe (F7), Chocolate Brown (F8), Midnight Black (F9) Dark Cliff Gray (F0), Mid Cloud Gray(G1), Glacier Ice Gray (G2), Silver Shadow (CO), Ocean Blue (G3), Olive Green (G4), Chili Red (G5)
- Audéo SPICE YES IX UZ RIC [050-0949-xx]
- Colors:** Beige (01), Taupe (35), Precious Metal (86), Lunar Eclipse (85), Classic Caddy (92), Snowblade (93), Back in Black (84), Antique Mahogany (87), Raku Glaze (91), Fiery Temper (90), Crème Brulee (89), Flower Power (88), Pure Passion (83), Pinot Noir (80), Royal Velvet (79), Blue Jeans (C4), Green with Envy (81)
- Naida S IX UZ RIC [050-0727-XX]
- Colors:** Beige (01), Mocha Taupe (F7), Chocolate (E5), Dark Cliff Gray (F0), Mid Cloud Gray (G1), Glacier Ice Gray (G2), Palladium Black (70), Ocean Blue (G3), Olive Green (G4), Light Pink (33), Light Blue (34), Pure Transparent (13), Purple Transparent (38), Safari Stripes (B3), Savannah Beauty (B4), Chili Red (G5)

Step 2: Select Remote*

Step 3: Select Receiver (one per side)

<input type="checkbox"/> MyPilot -White [054-0532-19] <input type="checkbox"/> MyPilot - Grey [054-0532-23] <input type="checkbox"/> PilotOne [076-0502] *Naida S IX, SMART IX & YES IX only	xS (STANDARD) <input type="checkbox"/> <input type="checkbox"/> 0 [054-0557/0558] <input type="checkbox"/> <input type="checkbox"/> 1 [054-0559/0560] <input type="checkbox"/> <input type="checkbox"/> 2 [054-0561/0562] <input type="checkbox"/> <input type="checkbox"/> 3 [054-0563/0564]	xP (POWER) <input type="checkbox"/> <input type="checkbox"/> 0 [054-0565/0566] <input type="checkbox"/> <input type="checkbox"/> 1 [054-0567/0568] <input type="checkbox"/> <input type="checkbox"/> 2 [054-0569/0570] <input type="checkbox"/> <input type="checkbox"/> 3 [054-0571/0572]	xSP (SUPERPOWER) <i>only w/ hard C-shells and Audéo</i> <input type="checkbox"/> <input type="checkbox"/> 0 <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3	xSP PLUS (SUPERPOWER PLUS) <i>only w/ hard C-shells and Naida RIC</i> <input type="checkbox"/> <input type="checkbox"/> 0 <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> 3
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Step 4: Select Coupling - Please select options from A, B or C for each aid

A. cShell	B. SlimTip - xS only	C. Domes
<p>SHELL MATERIAL AND COLOR</p> <input type="checkbox"/> <input type="checkbox"/> Hard <input type="checkbox"/> <input type="checkbox"/> Pink [26] <input type="checkbox"/> <input type="checkbox"/> Tan [14] <input type="checkbox"/> <input type="checkbox"/> Cocoa [22] <input type="checkbox"/> <input type="checkbox"/> Brown [28] <input type="checkbox"/> <input type="checkbox"/> Clear [21] <input type="checkbox"/> <input type="checkbox"/> Red [R] <input type="checkbox"/> <input type="checkbox"/> Blue [B]	<p>MATERIAL</p> <input type="checkbox"/> <input type="checkbox"/> Hard Acrylic <input type="checkbox"/> <input type="checkbox"/> Soft Acrylic <p>COLOR</p> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Clear <p>WAX PREVENTION <i>Space & size permitting</i></p> <input type="checkbox"/> <input type="checkbox"/> Wax Trap [CS] N/A with other wax option <input type="checkbox"/> <input type="checkbox"/> SmartGuard [SG] N/A w/other wax option <input type="checkbox"/> <input type="checkbox"/> Extended Receiver Tubing [ER] <input type="checkbox"/> <input type="checkbox"/> Do Not Add Wax Protection [X] <p>VENTING</p> <input type="checkbox"/> <input type="checkbox"/> Cavity [Y3L] <input type="checkbox"/> <input type="checkbox"/> AOV [AOV] <input type="checkbox"/> <input type="checkbox"/> Large Vent [S30] <input type="checkbox"/> <input type="checkbox"/> Medium [S25] <input type="checkbox"/> <input type="checkbox"/> Small [S20] <input type="checkbox"/> <input type="checkbox"/> Pressure [S12] <input type="checkbox"/> <input type="checkbox"/> No Vent [X] <p>RETENTION <i>N/A on Soft</i></p> <input type="checkbox"/> <input type="checkbox"/> Canal Lock [CL] Cavity vent only <input type="checkbox"/> <input type="checkbox"/> Barber Pole [RR] <input type="checkbox"/> <input type="checkbox"/> Softcoat [SC] <input type="checkbox"/> <input type="checkbox"/> Use Scan on File	<p>OPEN DOMES <i>only available with xS</i></p> <input type="checkbox"/> <input type="checkbox"/> Small [054-0583] <input type="checkbox"/> <input type="checkbox"/> Medium [054-0584] <input type="checkbox"/> <input type="checkbox"/> Large [054-0585] <p>CLOSED DOMES <i>available with xS or xP</i></p> <input type="checkbox"/> <input type="checkbox"/> Small [054-0586] <input type="checkbox"/> <input type="checkbox"/> Medium [054-0587] <input type="checkbox"/> <input type="checkbox"/> Large [054-0588] <p>POWER DOMES <i>available with xS or xP</i></p> <input type="checkbox"/> <input type="checkbox"/> Small [054-0589] <input type="checkbox"/> <input type="checkbox"/> Medium [054-0590] <input type="checkbox"/> <input type="checkbox"/> Large [054-0591] <p><small>Please Note: Default Options are italicized. EM must be ordered with BTE at the time of original transaction. EM only orders are to be processed through off-contract venues. Warranties including L/D do not apply</small></p>
<p>RETENTION <i>N/A on soft</i></p> <input type="checkbox"/> <input type="checkbox"/> Soft Coat [SC] <input type="checkbox"/> <input type="checkbox"/> Canal Lock [CL] <input type="checkbox"/> <input type="checkbox"/> Barber Pole [RR] <p>VENTING</p> <input type="checkbox"/> <input type="checkbox"/> AOV [AOV] <input type="checkbox"/> <input type="checkbox"/> Semi-IROS [IA30] <input type="checkbox"/> <input type="checkbox"/> Large [S30] <input type="checkbox"/> <input type="checkbox"/> Medium [S25] <input type="checkbox"/> <input type="checkbox"/> Small [S20] <input type="checkbox"/> <input type="checkbox"/> Pressure [S12] <input type="checkbox"/> <input type="checkbox"/> No Vent [X] <p>WAX PREVENTION</p> <input type="checkbox"/> <input type="checkbox"/> Wax Trap [CS] <input type="checkbox"/> <input type="checkbox"/> SmartGuard [SG] xS only <input type="checkbox"/> <input type="checkbox"/> Ext Receiver Tubing [ER] <input type="checkbox"/> <input type="checkbox"/> Spring Wax Guard [WS] <input type="checkbox"/> <input type="checkbox"/> Wax Hood [WH] <input type="checkbox"/> <input type="checkbox"/> No Wax Protection [X]		
<p>FACEPLATE COLOR - HARD ONLY</p> <input type="checkbox"/> <input type="checkbox"/> Pink [26] <input type="checkbox"/> <input type="checkbox"/> Tan [14] <input type="checkbox"/> <input type="checkbox"/> Cocoa [22] <input type="checkbox"/> <input type="checkbox"/> Brown [28] <p>OPTIONS</p> <input type="checkbox"/> <input type="checkbox"/> Cut as marked [R] <input type="checkbox"/> <input type="checkbox"/> Canal Bell [BC] N/A on soft <input type="checkbox"/> <input type="checkbox"/> No Removal Line <input type="checkbox"/> <input type="checkbox"/> Use Scan on File		

Step 5: Audiometric Data and Preprogramming

AUDIOMETRIC INFORMATION

Please include with all preprogramming requests. Enter 250-4000Hz for AOV Venting

Internal Use Only:

S B R1 R2 L1 L2
 PNK BLU YLW FLS GRN PRP WHT TRQ

L						
R						
	250	500	1000	2000	3000	4000

PREPROGRAMMING OPTIONS

- 100% Target gain [EXL04]
 NAL NL1 Fitting Formula [FIT03]
 ADD StereoZoom Program [STZ01]
 ADD ZoomControl Program [ZMC02]
 T+Mic in PRG1 and EasyPhone [TCP01]
 WhistleBlock on [WHB01]

Payer: ROES DALC PH5120018626 RACHAP (enclose payment) if paying with cc, please enclose RACHAP authorization form

Other:

Ship To:

Name:

Address:

PO #: _____ **Date:** _____

Contact: _____ **Phone:** _____

Email: _____

Patient's Last Name: _____ **Patient's 4 digit SS#:** _____

Age: _____ **Gender:** _____

Step 1: BTE Product Style

- | | |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Ambra microM UZ BTE [050-0905-xx] | <input type="checkbox"/> <input type="checkbox"/> Solana microM UZ BTE [050-0451-xx] |
| <input type="checkbox"/> <input type="checkbox"/> Ambra M H2O UZ BTE [050-0971-xx] | <input type="checkbox"/> <input type="checkbox"/> Solana M H2O UZ BTE [050-0972-xx] |
| <input type="checkbox"/> <input type="checkbox"/> Ambra microP UZ BTE [050-0906-xx] | <input type="checkbox"/> <input type="checkbox"/> Solana microP UZ BTE [050-0452-xx] |
| <input type="checkbox"/> <input type="checkbox"/> Ambra SP UZ BTE [050-0907-xx] | <input type="checkbox"/> <input type="checkbox"/> Solana SP UZ BTE [050-0453-xx] |

Colors: *Beige* (01), Mocha Taupe (F7), Chocolate (E5), Black (06) Dark Cliff Gray (F0), Mid Cloud Gray(G1), Glacier Ice Gray (G2), Pall/Black (70), Ocean Blue (G3), Olive Green (G4), Chili Red (G5), Lt Blue (34), Lt Pink (33), Safari Stripes (B3), Savannah Beauty (B4), Pure Trans (13), Purple Trans (38)

- | | |
|--|---|
| <input type="checkbox"/> <input type="checkbox"/> Naida S IX UP UZ BTE [050-0957-xx] | <input type="checkbox"/> <input type="checkbox"/> Naida S V UP UZ BTE [050-0958-xx] |
|--|---|

Colors: *Beige* (01), Brown (03), Lt Gray (04), Black (06), Hi-Tech Gray (12), Pure Trans (13), Gray (23), Lt Pink (33), Lt Blue (34), Taupe (35), Red Trans (36), Blue Trans (37), Purple Trans (38), Blonde (49), Chestnut Brown (50), Pall/Black (70), Safari Stripes (B3), Savannah Beauty (B4), Blue Moon (C9)

Step 2: Select Coupling - Please select options from A, B or C for each aid

A. Earmolds	B. SlimTip	C. Tubes/Domes
<p>STYLE</p> <p><input type="checkbox"/> <input type="checkbox"/> Free Field [FF] Acrylic only</p> <p><input type="checkbox"/> <input type="checkbox"/> Canal Lock [CL]</p> <p><input type="checkbox"/> <input type="checkbox"/> Canal [CU]</p> <p><input type="checkbox"/> <input type="checkbox"/> Semi-Skeleton [SS]</p> <p><input type="checkbox"/> <input type="checkbox"/> Skeleton [SK]</p> <p><input type="checkbox"/> <input type="checkbox"/> Half-Shell [HC]</p> <p><input type="checkbox"/> <input type="checkbox"/> Carved Full Shell [SC]</p> <p><input type="checkbox"/> <input type="checkbox"/> Standard Full Shell [SU]</p> <p>MATERIAL</p> <p><input type="checkbox"/> <input type="checkbox"/> Acrylic</p> <p><input type="checkbox"/> <input type="checkbox"/> Silicone N/A on Free Field</p> <p>COLOR</p> <p><input type="checkbox"/> <input type="checkbox"/> Clear</p> <p><input type="checkbox"/> <input type="checkbox"/> Brown</p> <p><input type="checkbox"/> <input type="checkbox"/> Tinted Pink</p> <p>CANAL LENGTH</p> <p><input type="checkbox"/> <input type="checkbox"/> Short [CS]</p> <p><input type="checkbox"/> <input type="checkbox"/> Medium [CM]</p> <p><input type="checkbox"/> <input type="checkbox"/> Long [CL]</p> <p>OPTIONS</p> <p><input type="checkbox"/> <input type="checkbox"/> Removal Line [RF]</p> <p><input type="checkbox"/> <input type="checkbox"/> Red/Blue Dot [CD]</p> <p><input type="checkbox"/> <input type="checkbox"/> Satin Finish</p> <p><input type="checkbox"/> <input type="checkbox"/> Glossy Finish [GL]</p> <p><input type="checkbox"/> <input type="checkbox"/> Bell Bore [A2]</p> <p>Earmolds not covered under L/D</p>	<p>SLIM TUBE HE</p> <p><input type="checkbox"/> <input type="checkbox"/> 0 [054-0639/0643]</p> <p><input type="checkbox"/> <input type="checkbox"/> 1 [054-0640/0644]</p> <p><input type="checkbox"/> <input type="checkbox"/> 2 [054-0641/0645]</p> <p><input type="checkbox"/> <input type="checkbox"/> 3 [054-0642/0646]</p> <p>MATERIAL</p> <p><input type="checkbox"/> <input type="checkbox"/> Hard Acrylic</p> <p><input type="checkbox"/> <input type="checkbox"/> Soft Acrylic</p> <p>COLOR</p> <p><input type="checkbox"/> <input type="checkbox"/> Clear</p> <p>WAX PREVENTION</p> <p><i>Space & size permitting</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Wax Trap [CS] N/A with other wax option</p> <p><input type="checkbox"/> <input type="checkbox"/> SmartGuard [SG] N/A w/other wax option</p> <p><input type="checkbox"/> <input type="checkbox"/> Extended Receiver Tubing [ER]</p> <p><input type="checkbox"/> <input type="checkbox"/> Do Not Add Wax Protection [X]</p> <p>SlimTip not covered under L/D</p>	<p>SLIM TUBE HE</p> <p><input type="checkbox"/> <input type="checkbox"/> 0 [054-0639/0643]</p> <p><input type="checkbox"/> <input type="checkbox"/> 1 [054-0640/0644]</p> <p><input type="checkbox"/> <input type="checkbox"/> 2 [054-0641/0645]</p> <p><input type="checkbox"/> <input type="checkbox"/> 3 [054-0642/0646]</p> <p>OPEN DOMES</p> <p><input type="checkbox"/> <input type="checkbox"/> Small [054-0583]</p> <p><input type="checkbox"/> <input type="checkbox"/> Medium [054-0584]</p> <p><input type="checkbox"/> <input type="checkbox"/> Large [054-0585]</p> <p>CLOSED DOMES</p> <p><input type="checkbox"/> <input type="checkbox"/> Small [054-0586]</p> <p><input type="checkbox"/> <input type="checkbox"/> Medium [054-0587]</p> <p><input type="checkbox"/> <input type="checkbox"/> Large [054-0588]</p> <p>POWER DOMES</p> <p><input type="checkbox"/> <input type="checkbox"/> Small [054-0589]</p> <p><input type="checkbox"/> <input type="checkbox"/> Medium [054-0590]</p> <p><input type="checkbox"/> <input type="checkbox"/> Large [054-0591]</p>
<p>RETENTION N/A on Soft</p> <p><input type="checkbox"/> <input type="checkbox"/> Canal Lock [CL] Cavity vent only</p> <p><input type="checkbox"/> <input type="checkbox"/> Barber Pole [RR]</p> <p><input type="checkbox"/> <input type="checkbox"/> Softcoat [SC]</p> <p>VENTING</p> <p><input type="checkbox"/> <input type="checkbox"/> Cavity [Y3L]</p> <p><input type="checkbox"/> <input type="checkbox"/> AOV [AOV]</p> <p><input type="checkbox"/> <input type="checkbox"/> Large Vent [S30]</p> <p><input type="checkbox"/> <input type="checkbox"/> Medium [S25]</p> <p><input type="checkbox"/> <input type="checkbox"/> Small [S20]</p> <p><input type="checkbox"/> <input type="checkbox"/> Pressure [S12]</p> <p><input type="checkbox"/> <input type="checkbox"/> No Vent [X]</p> <p><input type="checkbox"/> <input type="checkbox"/> Use Scan on File</p>		
<p>Step 3: Remotes</p> <p><input type="checkbox"/> MyPilot -White [054-0532-19] <input type="checkbox"/> MyPilot - Grey [054-0532-23] <input type="checkbox"/> PilotOne [076-0502]</p>		

Step 4: Audiometric Data and Preprogramming

AUDIOMETRIC INFORMATION

Please include with all preprogramming requests. Enter 250-4000Hz for AOV Venting

Internal Use Only:

S B R1 R2 L1 L2
PNK BLU YLW FLS GRN PRP WHT TRQ

L						
	250	500	1000	2000	3000	4000
R						
	250	500	1000	2000	3000	4000

PREPROGRAMMING OPTIONS

- 100% Target gain [EXL04]
- NAL NL1 Fitting Formula [FIT03]
- ADD StereoZoom Program [STZ01]
- ADD ZoomControl Program [ZMC02]
- T+Mic in PRG1 and EasyPhone [TCP01]
- WhistleBlock on [WHB01]