

# GOVERNMENT SERVICES

## Earmold New Order and Remake Form

Payer:  RACHAP  Other:  
*(enclose payment) if paying with CC,  
 please enclose RACHAP authorization form*

Prosthetics

Ship To:

Name:

Address:

PO #: \_\_\_\_\_ Date: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Patient's Last Name: \_\_\_\_\_ Patient's 4 digit SS#: \_\_\_\_\_

### New Earmold Order

Earmolds	cShells	SlimTip
<p><b>STYLE</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Free Field [FF] <i>Acrylic only</i></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><b>MATERIAL</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Acrylic</p> <p><input type="checkbox"/> <input type="checkbox"/> Silicone <i>N/A on Free Field</i></p> <p><b>COLOR</b></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><b>CANAL LENGTH</b></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><b>VENTING</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Large SAV [v30]</p> <p><input type="checkbox"/> <input type="checkbox"/> IROS A [IA30]</p> <p><input type="checkbox"/> <input type="checkbox"/> Large [P30]</p> <p><input type="checkbox"/> <input type="checkbox"/> Medium [P25]</p> <p><input type="checkbox"/> <input type="checkbox"/> Small [P20]</p> <p><input type="checkbox"/> <input type="checkbox"/> Pressure [P12]</p> <p><input type="checkbox"/> <input type="checkbox"/> No Vent [X]</p> <p><b>TUBING</b></p> <p>13 Standard</p> <p><input type="checkbox"/> <input type="checkbox"/> Clear [13S_21]</p> <p><input type="checkbox"/> <input type="checkbox"/> Brown [13S_N]</p> <p><input type="checkbox"/> <input type="checkbox"/> Tinted Pink [13S_T]</p> <p>13 Thick</p> <p><input type="checkbox"/> <input type="checkbox"/> Clear [13T_21]</p> <p><input type="checkbox"/> <input type="checkbox"/> Brown [13T_N]</p> <p><input type="checkbox"/> <input type="checkbox"/> Tinted Pink [13T_T]</p> <p><input type="checkbox"/> <input type="checkbox"/> Dry Tubing [13D]</p> <p><b>SLIMTUBING*</b></p> <p><input type="checkbox"/> <input type="checkbox"/> 0 1 2 3</p> <p><b>MICROTUBING*</b></p> <p><input type="checkbox"/> <input type="checkbox"/> 0 1 2 3</p> <p><i>*N/A on HS/FS EM and Power BTEs and on Acrylic only</i></p> <p><b>OPTIONS</b></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><input type="checkbox"/> <input type="checkbox"/> Use Scan on File</p> <p><input type="checkbox"/> <input type="checkbox"/> New Impression Sent</p> <p><i>AOV Venting not available on EM</i></p>	<p><b>SHELL MATERIAL AND COLOR</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Hard</p> <p><input type="checkbox"/> <input type="checkbox"/> Pink [26]</p> <p><input type="checkbox"/> <input type="checkbox"/> Tan [14]</p> <p><input type="checkbox"/> <input type="checkbox"/> Cocoa [22]</p> <p><input type="checkbox"/> <input type="checkbox"/> Brown [28]</p> <p><input type="checkbox"/> <input type="checkbox"/> Clear [21]</p> <p><input type="checkbox"/> <input type="checkbox"/> Red [R]</p> <p><input type="checkbox"/> <input type="checkbox"/> Blue [B]</p> <p><input type="checkbox"/> <input type="checkbox"/> White [19]</p> <p><input type="checkbox"/> <input type="checkbox"/> Soft - Pink only</p> <p><b>FACEPLATE COLOR - HARD ONLY</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Pink [26]</p> <p><input type="checkbox"/> <input type="checkbox"/> Tan [14]</p> <p><input type="checkbox"/> <input type="checkbox"/> Cocoa [22]</p> <p><input type="checkbox"/> <input type="checkbox"/> Brown [28]</p> <p><b>OPTIONS</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Cut as Marked [R]</p> <p><input type="checkbox"/> <input type="checkbox"/> Flex Canal [FL] <i>N/A on soft N/A with AOV</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Canal Bell [BC] <i>N/A on soft</i></p> <p><input type="checkbox"/> <input type="checkbox"/> No Removal Line</p> <p><b>RETENTION</b> <i>N/A on soft</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Soft Coat [SC]</p> <p><input type="checkbox"/> <input type="checkbox"/> Canal Lock [CL]</p> <p><input type="checkbox"/> <input type="checkbox"/> Barber Pole [RR]</p> <p><b>VENTING</b></p> <p><input type="checkbox"/> <input type="checkbox"/> AOV [AOV] <i>Need Audiogram</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Semi IROS [IA30]</p> <p><input type="checkbox"/> <input type="checkbox"/> Large [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><b>WAX PREVENTION</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Wax Trap [CS] <i>N/A with other wax opt.</i></p> <p><input type="checkbox"/> <input type="checkbox"/> SmartGuard [SG] <i>N/A on xP, N/A with other wax opt.</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Ext Receiver Tube [ER]</p> <p><input type="checkbox"/> <input type="checkbox"/> Spring Wax Guard [WS]</p> <p><input type="checkbox"/> <input type="checkbox"/> Wax Hood [WH]</p> <p><input type="checkbox"/> <input type="checkbox"/> No Wax Prevention [X]</p> <p><b>cSHELL RECEIVER SIZE</b></p> <p>xS (Standard)</p> <p><input type="checkbox"/> <input type="checkbox"/> 0</p> <p><input type="checkbox"/> <input type="checkbox"/> 1</p> <p><input type="checkbox"/> <input type="checkbox"/> 2</p> <p><input type="checkbox"/> <input type="checkbox"/> 3</p> <p>xP (Power)</p> <p><input type="checkbox"/> <input type="checkbox"/> 0</p> <p><input type="checkbox"/> <input type="checkbox"/> 1</p> <p><input type="checkbox"/> <input type="checkbox"/> 2</p> <p><input type="checkbox"/> <input type="checkbox"/> 3</p> <p><input type="checkbox"/> <input type="checkbox"/> Use Scan on File</p> <p><input type="checkbox"/> <input type="checkbox"/> New Impression Sent</p>	<p><b>MATERIAL</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Hard Acrylic</p> <p><input type="checkbox"/> <input type="checkbox"/> Soft Acrylic</p> <p><b>COLOR</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Clear</p> <p><b>WAX PREVENTION</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Wax Trap [CS] <i>N/A with other wax opt.</i></p> <p><input type="checkbox"/> <input type="checkbox"/> SmartGuard [SG] <i>N/A with other wax opt.</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Ext Receiver Tube [ER]</p> <p><input type="checkbox"/> <input type="checkbox"/> Spring Wax Guard [WS]</p> <p><input type="checkbox"/> <input type="checkbox"/> No Wax Prevention [X]</p> <p><b>VENTING</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Cavity [Y3L]</p> <p><input type="checkbox"/> <input type="checkbox"/> AOV [AOV] <i>Need Audiogram</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Large [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><b>RETENTION</b> <i>N/A on soft</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Soft Coat [SC]</p> <p><input type="checkbox"/> <input type="checkbox"/> Canal Lock [CL] <i>Only with cavity vent</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Barber Pole [RR]</p> <p><b>OPTIONS</b></p> <p><input type="checkbox"/> <input type="checkbox"/> No Removal Line</p> <p><b>SLIMTUBING</b></p> <p><input type="checkbox"/> <input type="checkbox"/> 0 1 2 3</p> <p><b>MICROTUBING</b></p> <p><input type="checkbox"/> <input type="checkbox"/> 0 1 2 3</p> <p><input type="checkbox"/> <input type="checkbox"/> Use Scan on File</p> <p><input type="checkbox"/> <input type="checkbox"/> New Impression Sent</p> <p><b>Serial Number of Phonak Aid:</b></p> <hr/>

**AUDIOMETRIC INFORMATION**

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

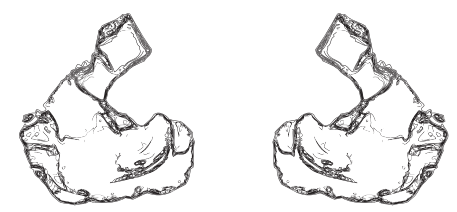
L							
R							
	250	500	1000	2000	3000	4000	

*Please Note: Default Options are italicized.*

**SPECIAL INSTRUCTIONS**

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### Earmold Remake

Shell Modification	Mark Problem Area
<p><input type="checkbox"/> <input type="checkbox"/> Increase Vent</p> <p><input type="checkbox"/> <input type="checkbox"/> Decrease Vent</p> <p><input type="checkbox"/> <input type="checkbox"/> Hurts</p> <p><input type="checkbox"/> <input type="checkbox"/> Feedback</p> <p><input type="checkbox"/> <input type="checkbox"/> Tight Fit (please mark)</p> <p><input type="checkbox"/> <input type="checkbox"/> Occluded</p> <p><input type="checkbox"/> <input type="checkbox"/> Loose Fit (please mark)</p> <p><input type="checkbox"/> <input type="checkbox"/> Add Canal Lock</p> <p><input type="checkbox"/> <input type="checkbox"/> Cracked/Broken</p> <p><input type="checkbox"/> <input type="checkbox"/> Use Scan on File*</p> <p><input type="checkbox"/> <input type="checkbox"/> New Impression Sent</p> <p><i>*Only in cases where earmold arrived damaged        Must return earmold for remake</i></p>	

Internal Use Only:  
 S B R1 R2 L1 L2  
 PNK BLU YLW FLS GRN PRP WHT TRQ