

Step 1: Customer Information

Ship To Account:

Address: _____

City: _____

State: _____ Zip: _____

Bill To Account:

Third Party Patient Number: _____

Date: _____

Purchase Order Number: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Step 2: Patient Information

Last Name: _____

First Name: _____

Age: _____ Gender: _____

Audiogram (Required for AOV):

	HZ	250	500	1K	2K	3K	4K
Left:	AC						
Right:	AC						

Step 3: HI Warranty/Rush Options

2nd year 3rd year 4th year 24-hour service (\$59.95)

Step 4: Hearing Instrument Selection

Technology Level				Side		Instrument	Shell Style						Power				PB		VC		TC
90	70	50	30	L	R		IIC	CIC	MC	ITC	HS	FS	M	P	SP	UP	Yes	No	L	R	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Virto B-10 O		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Virto B-10			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Virto B-312				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Virto B-13					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	CROS B-312 ¹				<input checked="" type="checkbox"/>	<input type="checkbox"/>						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	CROS B-13 ¹					<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ CROS B devices compatible w/ wireless Virto B directional devices only

O = Omni S = Standard PB = Push Button VC = Volume Control TC = Telecoil

Step 5: Product Options

Shell Color: Pink Tan Cocoa Brown Blue/Red Transparent White Transparent

Faceplate Color: Pink Tan Cocoa Brown

Vent Size: AOV (Std. Audiogram required) Other: Left _____ Right _____ None

Wax System: Cerustop Ext. Receiver tube Wax Spring SmartGuard² (N/A for SP & UP) None

Removal Options: Transparent Line (CIC default) Pink/Tan Line Cocoa/Brown Line Removal Notch

Other Options: Canal Lock^{2,3} Skeleton Lock^{2,3} Helix Lock^{2,3} Raised VC Canal Bell No Helix

² Chargeable ³ Same color as shell

Step 6: Accessories (Wireless Products Only)

ComPilot Air II/RemoteMic Bundle ComPilot II PilotOne II

ComPilot II/TVLink II Bundle RemoteMic DECT II

ComPilot Air II TVLink II EasyCall II

Step 7: Preferences

If necessary, may we change the following: Please call

Yes	No	Yes	No	To Keep requested size:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 8: Special Instructions

Step 1: Customer Information

Ship To Account:
 Address:
 City:
 State: Zip:

Bill To Account:
 Third Party Patient Number:
 Date:
 Purchase Order Number:
 Contact Name:
 Phone Number:
 Email Address:

Step 2: Patient Information

Last Name:
 First Name:
 Age: Gender:
 Audiogram (Required for AOV):

	HZ	250	500	1K	2K	3K	4K
Left:	AC						
Right:	AC						

Step 3: HI Warranty/Rush Options

2nd year 3rd year 4th year 24-hour service (\$59.95)

Step 4: Hearing Instrument Selection

Technology Level				Side		Instrument	Shell Style						Power				Please Select ONE		
90	70	50	30	L	R		IIC	CIC	MC	ITC	HS	FS	M	P	SP	UP	PB (DT4)	MiniControl (DT3)	VC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Virto B-10 NW O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Virto B-312 NW O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NW = Non-Wireless O = Omni S = Standard PB = Push Button VC = Volume Control

Step 5: Product Options

Shell Color: Pink Tan Cocoa Brown Blue/Red Transparent (IIC/CIC default) White Transparent

Faceplate Color: Pink Tan Cocoa Brown Black (IIC only)

Vent Size: AOV (Std. Audiogram required) Other: Left _____ Right _____ None (N/A IIC)

Wax System: Cerustop Ext. Receiver tube Wax Spring SmartGuard¹ (N/A for SP) None

Removal Options: Transparent Line (IIC/CIC default) Pink/Tan Line Cocoa/Brown Line Removal Notch (N/A IIC/CIC)

Other Options: Canal Lock^{1,2} Skeleton Lock^{1,2} Helix Lock^{1,2} Raised VC Canal Bell No Helix

¹ Chargeable ² Same color as shell

Step 6: Preferences

If necessary, may we change the following: Please call

Yes No
 Venting
 Build to Fit Components
 Wax Prevention 2nd Choice:

Yes No **To Keep requested size:**
 Change VC Size/Drop VC
 Change power level

Step 7: Special Instructions

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