

Order # _____	Serial # _____
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**Bill To:** Account # \_\_\_\_\_

**Ship To:** \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Medicaid # \_\_\_\_\_ Patient's age: \_\_\_\_\_ Order Date: \_\_\_\_\_ Ordered By: \_\_\_\_\_

Patient's Name: (Last, First) \_\_\_\_\_  Engrave Name On Shell?

**Choose desired circuit and then check or fill in circle for desired options  , If the option is marked with an  it is not available on that model.**

Choose Options	Oié	EVok 900	EVok 500	Monet 500	Claret 300
Multi-Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Air Touch (with Multi-Memory <sup>†</sup> )	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Directional Microphones *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fixed Directional *	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Power Option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DSE Noise Switch	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
On/Off Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto Tele-Coil *	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Manual Tele-Coil *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tinnitus Masker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rechargeable (Full Shell Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add Charger Box?  YES  NO

\* Not available on Mini-Canal or CIC models  
† Only on **Oié** Deep CIC to Canal models

**TRIMMERS (CLARET ONLY)**

- Lowcut  Gain  Output  
 Feedback Control

**VOLUME CONTROL**

- Programmable (N/A CLARET)  
 Manual (N/A ON CIC)  
 Raised Volume Control  
 Screwset Volume Control  
 Digital Scroller Volume Control  
 Toggle VC/MM Switch (Oie ONLY)

**MISCELLANEOUS**

- Pull String  Metal loop  
 Wind Hood  Wind Screen  
 Soft Canal  Notches  
 Canal Lock  Retainer Cord

**WAX GUARDS**

- Hear Clear™  No Wax™  
 Oié Wax Guard  RidWax™

**VENTING**

- CVS \_\_\_\_ .060 \_\_\_\_ .100 \_\_\_\_ .120  
 Factory  Non-Occluding (Full sh.)  
 IROS  Sculpted Vent  
 Pressure  None

**NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPRESSIONS SENT**

- Left  Right

**STYLE**

- Full-Shell  Half-Shell  
 Canal  Mini-Canal  
 CIC  Deep CIC

**CANAL LENGTH**

- Short  Medium  Long  
 Factory  Marked on Imp.

**BATTERY SIZE**

- 13  312  
 10A

**EAR TEXTURE**

- Soft  Normal  Hard

**SHELL COLOR**

- Beige  Brown  Dark Tan  Clear  
 Blue  Red

**FACEPLATE COLOR**

- Beige  Tan  Dark Tan  Brown

**WARRANTY**

- Comes with one year / Includes loss & damage  
 Purchase 2nd year / with loss & damage

**RUSH SERVICE**  24 Hours (NEXT DAY) \$75 (PER AID)  48 Hours (TWO DAY) \$40 (PER AID)

Left							AUDIOGRAM		Right						
125	250	500	1000	2000	4000	8000	<input type="checkbox"/> HL	<input type="checkbox"/> SPL	125	250	500	1000	2000	4000	8000
							<input type="checkbox"/> Max gain	<input type="checkbox"/> Magnafit							
_____ MCL _____ UCL _____ WR%							Matrix _____ / _____ / _____		_____ MCL _____ UCL _____ WR%						
							Output Gain Slope+								