Custom Earpiece 4.0 Marvel Order Form

Additional Information

STEP 1: General Information
- Please fill in ship to / bill to account information
- Enter patient information
- Select claim type (if applicable) and include claim #

STEP 2: Hearing Aid Information
- Please check box A or B

STEP 3: Earpiece Order
- Select earpiece type
- Indicate tube length (mandatory for cShell)
- Select receiver type
- Select wax system*
- Enter Audiogram (mandatory for AOV)
- Acryl = Acrylic

*All SlimTip receivers will be delivered with a CeruShield wax guard in the receiver spout. The SlimTip can be built with an additional wax protection.

STEP 4: Product Options
- Select colours
- Select vent option
- Select other options

Customer Service Preference
- Select if we may not change receiver level or cShell build style under consideration of the audiogram, if necessary (a customer service representative will contact you)
- Let us know about special instructions

Tube Length
Measure the tube length to select the correct Receiver. Measure both ears for binaural fitting.

Vent Styles
We offer two vent solutions for SlimTip.

Cavity:
- Optimized for best fit rate
- Easy to enlarge by the fitter

Hearing Instrument Compatibility
The SDS 4.0 earpiece portfolio is compatible to Marvel hearing aids or newer. It is not backward compatible to Belong or earlier generation hearing aids.

<table>
<thead>
<tr>
<th>Mild to moderate</th>
<th>Mild to moderately-severe</th>
<th>Moderate to severe</th>
<th>Moderate to severely-profound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild to moderate (S)</td>
<td>Mild to moderately-severe (M)</td>
<td>Moderate to severe (P)</td>
<td>Moderate to severely-profound (UP)</td>
</tr>
<tr>
<td><strong>Domes</strong></td>
<td><strong>Custom Earpieces</strong></td>
<td><strong>Fitting Ranges</strong></td>
<td></td>
</tr>
<tr>
<td>Cap Dome</td>
<td>SlimTip Acryl</td>
<td><img src="image" alt="Graph" /></td>
<td></td>
</tr>
<tr>
<td>Open Dome</td>
<td>SlimTip Silicone</td>
<td><img src="image" alt="Graph" /></td>
<td></td>
</tr>
<tr>
<td>Vented Dome</td>
<td>cShell Acryl</td>
<td><img src="image" alt="Graph" /></td>
<td></td>
</tr>
<tr>
<td>Power Dome</td>
<td>SlimTip Acryl</td>
<td><img src="image" alt="Graph" /></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SlimTip Silicone</td>
<td><img src="image" alt="Graph" /></td>
<td></td>
</tr>
<tr>
<td></td>
<td>cShell Acryl</td>
<td><img src="image" alt="Graph" /></td>
<td></td>
</tr>
</tbody>
</table>
Custom Earpiece 4.0 Marvel Order Form

STEP 1: General Information

Date: __/__/____  Rush Order in 48hr [+]N/A for Titanium  PO#: ____________________________  Attention to: ____________________________

Ship to Account Number:

Phone#: ____________________________  Company Name: ____________________________

Address: ____________________________  Contact Name (Audiologist/Dispenser): ____________________________

Bill to Account Number:

Phone#: ____________________________  Company Name: ____________________________

Address: ____________________________  Claim Type: ____________________________

Contact Name: ____________________________

Bill to Account Number: ____________________________

User Name: Last ____________________________  First ____________________________

Patient Information M [ ] F [ ]

[Please print]

STEP 2: Hearing Aid Information

☐ A) I do not need to order the instrument(s) but, I will be fitting the Earpiece to:

Hearing Aid make and model: ____________________________

☐ B) I wish to order Earpiece AND instrument(s), please send me:

Hearing Aid make and model: L: _______  R: _______

Colour: L: _______  R: _______

Please also send me the following accessories: ____________________________

STEP 3: Earpiece Order

Receiver Wax System

<table>
<thead>
<tr>
<th>Left Tube Length 0-3</th>
<th>Receiver</th>
<th>Wax System</th>
</tr>
</thead>
<tbody>
<tr>
<td>L R SlimTip 4.0 Acryl</td>
<td>S: 0  M: 0  P: 0  U: 0  C: 0  S: 0  O: 0</td>
<td>NA  NA  NA  NA  NA  NA  NA</td>
</tr>
<tr>
<td>M R SlimTip 4.0 Silicon</td>
<td>L: 0  R: 0</td>
<td>S: 0  O: 0  S: 0  O: 0</td>
</tr>
<tr>
<td>M R SlimTip 4.0 Titanium</td>
<td>S: 0  O: 0  S: 0  O: 0</td>
<td></td>
</tr>
<tr>
<td>L R eShell 4.0 Acryl</td>
<td>S: 0  O: 0  S: 0  O: 0  S: 0  O: 0  S: 0  O: 0  S: 0  O: 0</td>
<td></td>
</tr>
</tbody>
</table>

STEP 4: Product Options

Face Plate Colour

- L R Pink (std.)
- L R Clear
- L R Cocoa
- L R Brown
- L R Black Transparent
- L R Pink (std. on eShell)
- L R Clear (std. on SlimTip)
- L R Blue (L) (Acryl Only)
- L R Red (R) (Acryl Only)
- L R Transparent Brown (Silicone Only)
- L R Rose Tint (Silicone Only)

Shell Colour

- L R Pink (std. on eShell)
- L R Blue (L) (Acryl Only)
- L R Red (R) (Acryl Only)
- L R Transparent Brown (Silicone Only)
- L R Rose Tint (Silicone Only)

Titanium SlimTip only available in Titanium Gray

<table>
<thead>
<tr>
<th>Vent Options</th>
<th>No Wax Guard</th>
</tr>
</thead>
<tbody>
<tr>
<td>L R Select-a-Vent (SAV)</td>
<td>No</td>
</tr>
<tr>
<td>L R Open Vent (SlimTip only)</td>
<td>No</td>
</tr>
<tr>
<td>L R AOV (Agm. required)</td>
<td>No</td>
</tr>
<tr>
<td>L R Pressure Vent</td>
<td>No</td>
</tr>
<tr>
<td>L R No Vent</td>
<td>No</td>
</tr>
</tbody>
</table>

Other Options

- L R Removal Filament
- L R Soft Coat*
- L R Canal Lock (Same colour as shell)*

If necessary, may we change the following:

Special Instructions:

Step down power level - if audiogram permits (maintain 6dB Gain Reserve)

Claim # [Required] ____________________________

Audiometric Information

(Please include with ALL orders)

<table>
<thead>
<tr>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>250</td>
<td></td>
</tr>
<tr>
<td>500</td>
<td></td>
</tr>
<tr>
<td>1K</td>
<td></td>
</tr>
<tr>
<td>2K</td>
<td></td>
</tr>
<tr>
<td>3K</td>
<td></td>
</tr>
<tr>
<td>4K</td>
<td></td>
</tr>
</tbody>
</table>

Canal Length: Sh. Med. Long

Ear Texture: S. D. A. F

All SlimTip receivers will be delivered with a CeruShield Wax Guard in the receiver spout. The SlimTip can be built with an additional wax protection.

* SG N/A with UP

Oz;103 Phonak Custom Earpiece Order Form 106, March 2019

Phone: 905-677-1167 or 1-800-876-1167  Fax: 905-677-7536 or 1-800-814-5799