



Custom Products Order Form

VIP ORDER 3 days in house

YOUR INFORMATION	CLINICIAN'S INFORMATION		
	Sonic Reference No.:	<input type="text"/>	Today's Date:
	Phone/Email:		Fitting Date:
	Clinic Name:		Clinician's Name:
	Address:		Clinician's Email:
CLIENT INFORMATION			
City:	State:	P/Code:	Full Name:

CUSTOMS WITH FULL FLEXIBILITY	SELECT MODEL: Enchant¹⁰⁰ <input type="checkbox"/> Enchant⁸⁰ <input type="checkbox"/> Enchant⁶⁰ <input type="checkbox"/> Enchant⁴⁰ <input type="checkbox"/> Enchant²⁰ <input type="checkbox"/>								
	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both								
		Battery	NFMI (Binaural)	Wireless 2.4 GHz	Push button	Volume wheel	Telecoil	AutoPhone	Micro-phones
	<input type="checkbox"/> IIC	10	NA	NA	NA	NA	NA	NA	Omni
	<input type="checkbox"/> CIC	10	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	Omni
	<input type="checkbox"/> ITC	312	YES	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> **	<input type="checkbox"/>	Directional
<input type="checkbox"/> ITE HS	312 <input type="checkbox"/> 13 <input type="checkbox"/>	YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> **	<input type="checkbox"/>	Directional	
<input type="checkbox"/> ITE FS	312 <input type="checkbox"/> 13 <input type="checkbox"/>	YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> **	<input type="checkbox"/>	Directional	
*ITC 312 2.4 GHz Depending on ear shape		<input type="checkbox"/> If ITC not possible do ITE with 2.4 GHz <input type="checkbox"/> If ITC not possible remove 2.4 GHz			**2.4 GHz and Telecoil combination not available				

NFMI (Near-Field Magnetic Induction) enables a continuous exchange of data and audio between two hearing aids to provide advanced binaural processing

REQUIRED: AUDIOMETRIC INFORMATION										WIRELESS ACCESSORIES	
Hz	125	250	500	1K	2K	3K	4K	6K	8K	Hz	1K
AC Right										BC Right	
AC Left										BC Left	

SoundClip A
 Remote Control 3.0
 TV adapter 3.0

FITTING LEVEL	75	85	90	100	SONIC SELECTS FITTING LEVEL FROM AUDIOGRAM (default) <input type="checkbox"/>
IIC/CIC	<input type="checkbox"/>	<input type="checkbox"/>			WAXFILTER: Prowax MiniFit (default on all styles)
ITC/ITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SHELL COLOURS	BEIGE	MEDIUM BROWN	IIC COLOURS	RED/BLUE	CLEAR
FACEPLATE	<input type="checkbox"/>	<input type="checkbox"/>	FACEPLATE (Black)	<input type="checkbox"/>	<input type="checkbox"/>

VENTING Please select: OPTION A - OR - OPTION B

A) LET SONIC SELECT	B) SPECIFY VENT																								
R <input type="checkbox"/> L <input type="checkbox"/> Sonic Optimise Vent Size and Style (Audiogram Required) (Sonic will optimise venting to provide appropriate requirements for hearing loss and venting whilst minimizing instrument size)	<table border="1"> <thead> <tr> <th colspan="2">VENT EFFECT</th> <th colspan="2">VENT STYLE</th> </tr> <tr> <th>R</th> <th>L</th> <th>R</th> <th>L</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>^Size not available for collection vent (vent size can be reduced)</p>	VENT EFFECT		VENT STYLE		R	L	R	L	<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"/>
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OPTIONS		
CANAL LENGTH (Factory standard unless otherwise marked)	EXTENDED WARRANTY (please see price list for charges)	VOLUME WHEEL
<input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> As marked on impression	<input type="checkbox"/> Extra 1 year <input type="checkbox"/> Extra 2 years	<input type="checkbox"/> Standard^^ <input type="checkbox"/> Raised, standard^^ <input type="checkbox"/> Large^^ <input type="checkbox"/> Raised, large^^
OTHER OPTIONS	^^Not available for size 10 instruments	
<input type="checkbox"/> Helix Lock <input type="checkbox"/> Nail grip <input type="checkbox"/> Pull out string	Note: All Sonic hearing aids come with a standard 3 Yr warranty (except HSP free-to-client models)	
<input type="checkbox"/> Canal Lock <input type="checkbox"/> Raised push button		

COMMENTS _____

SUBMIT FORM

