



SHIP TO:

Sonic Reference No.: _____ Consultant: _____

Clinic name: _____

Phone: _____

Delivery address: _____

Today's Date: _____ Delivery Required by: _____

Special instructions _____

PATIENT INFORMATION (PLEASE USE CAPTIALS)

Surname: _____

Firstname: _____

AUDIOGRAM

		250	500	750	1K	1.5K	2K	3K	4K	6K	8K
R	AC										
	BC										
L	AC										
	BC										

WORKCOVER STATE CLAIM NO.

INSERT PHONES HEADPHONES

1

TECHNOLOGY LEVEL

TREK 40 TREK 80

SUPER POWER

ULTRA POWER

WIRELESS ACCESSORIES

SoundClip-A TV-A ADAPTER RC-A REMOTE PHONE ADAPTER 2

Style

2

SELECT COLOUR

BLACK BROWN BEIGE LIGHT GREY RED BLUE

Colour

3

BTE MOULD

MATERIAL	L	R
ACRYLIC		
SOFT SILICONE*		

TUBING	L	R
STANDARD		
#13 THICK WALL DRITUBE		
LIBBY HORN 3MM		
LIBBY HORN 4MM		

EARMOULD STYLE	L	R
FULL SHELL		
HALF SHELL		
CANAL		
CANAL LOCK		
SKELETON		
OTHER		

VENT SIZE	L	R
0.8MM		
1.4MM		
1.8MM		
2.4MM		
3MM		
4MM		
NO VENT		

Select Options and Customise

4

OVERNIGHT PRODUCTION (MOULD) VIP MANUFACTURING SERVICE (MOULD) 3 DAY IN HOUSE

All Sonic hearing aids come with a standard 3 Yr Warranty

COMMENTS: _____

Please see price list for changes

Additional Options

