



www.precisionweb.com

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CLIENT'S NAME _____ Date _____ 20____

FIRST NAME						LAST NAME					

DEALER ADDRESS

FOR COMPUTER BILLING MUST HAVE FULL NAME AND ZIP

STYLE & MATERIAL DESIRED

(See GUIDE for EXACT style and material number)

EARMOLD NUMBER _____

APPROXIMATE LOSS _____ CLEAR PINK BROWN
(Audiogram on back) _____

NEW USER OLD USER LEFT EAR RIGHT EAR

HELIX - (Indicate if you want Helix on mold)

CANAL LENGTH DESIRED: _____
SHORT MEDIUM LONG CUT TO MARK _____

SAV# _____
 DRILLED VENT SIZE _____

SPECIAL INFORMATION
HEARING AID FITTINGS:
MAKE _____

HIGH GLOSS
 FOTO-COTE
 DRI TUBE
 3 mm HORN TUBE
 4 mm HORN TUBE
 TUBE LOCK
 TUBE LOCK PLUS
 3 mm HORN ELBOW
 CFA# _____

POWER LEVEL HIGH GAIN
 MED. GAIN
 MILD GAIN

TUBING SIZE _____
 SINGLE BEND-STRAIGHT UP
 DOUBLE BEND-OVER EAR

SEND MOLD TO: DISTRIBUTOR CLIENT

ADDITIONAL INSTRUCTIONS