

Unitron Earmould Order Form

Items on this order form are only compatible with Discover Next and Blu platform devices.

Step 1: Order details

Account Number : _____

Hearing Clinic: _____

Delivery Address: _____

Contact Name: _____ Phone Number: _____

Email Address: _____

Date Ordered: _____ Date Required: _____

**Custom orders standard turn time
12 working days**

Step 2: Patient information

Name: _____

Audiogram: (Required for Intellivent option)

	kHz	0.25	0.5	1	2	4
LEFT AC (dB HL)						
RIGHT AC (dB HL)						

Step 3: Earmould style

Canal Mould (CU)
L R

Canal Lock (CL)
L R

Semi Skeleton (SS)
L R

Skeleton (SK)
L R

Carved Half Shell (HC)
L R

Carved Full Shell (SC)
L R

Step 4: Options

		L	R
Earmould material	Hard Acrylic		
	Silicone S40		
	Silicone S70		
Earmould colour	Hard Acrylic	Transparent	Transparent
Earmould colour	Silicone	Transparent	Transparent
Tubing	Dry Wall Tube (13D)		
	Dry Thick Wall Tube (13W)		
Vent size	Intellivent (enter audiogram)		
	Customer specific	Left: mm	Right: mm
Additional options	Removal Line Hard acrylic moulds only		
	Extended Removal Line Hard acrylic moulds only		
	Extended Helix (Top Lock)		

Step 5: Preferences

Indicate the hearing instrument to be fitted with the earmould.

Model : _____

Colour: _____

Special requests

Call-back requested