



New Custom Product Order Form

Earlens Account # _____ Today's Date: ___ / ___ / _____ (mm/dd/yyyy)

Clinic Name: _____

Physician Name: _____ Audiologist Name: _____

Patient Name: _____ Patient Email: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Hearing Profile *(Please send an audiogram or fill in the audiometric thresholds below):*

Previous hearing aid wearer? Yes No

If "yes": Style (if known): _____ Wears a stabilizer (i.e. canal lock, helix lock, etc.): Yes No

Audiometric Thresholds:	250Hz	500Hz	1kHz	2kHz	4kHz	8kHz	10kHz (if available)
WRS - L _____ % L	_____	_____	_____	_____	_____	_____	_____
WRS - R _____ % R	_____	_____	_____	_____	_____	_____	_____

Number and Type of Impressions

(check all that apply)

	L	No.	R	No.
Canal Impression:	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Full TM Impression:	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Partial TM Impression:	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

To ensure a quick turnaround, please fill in the following information:

Full Impression Ship Date: ___ / ___ / _____ (mm/dd/yyyy)

FedEx Tracking # _____

Appointment Date for Device Placement: ___ / ___ / _____ (mm/dd/yyyy)

Choose a Kit or Individual Components:

Binaural Kit, BKEL1 Monaural Kit, MKEL1L/MKEL1R Individual Component(s)

Processor Color: Black PREL1BL Silver PREL1SI Champagne PREL1CH

Light Tip Material: Biopor Acrylic

Ear Tube Size - Left 23 25 27 29 31 33 35 37 39 41 Other: _____

Ear Tube Size - Right 23 25 27 29 31 33 35 37 39 41 Other: _____

Additional Individual Components

<input type="checkbox"/> Left Lens TLEL1L	<input type="checkbox"/> Left Light Tip LTEL1L	<input type="checkbox"/> Charger & Cord CHEL101
<input type="checkbox"/> Right Lens TLEL1R	<input type="checkbox"/> Right Light Tip LTEL1R	<input type="checkbox"/> Charger Cord only CHEL1PC

You can submit your return by emailing a scanned copy of the completed form to customer@earlens.com or Fax to 1-844-830-9995. Once your return is received, Earlens will send you a confirmation of the return.

Please FedEx all impressions to:

Earlens Corporation, Attention: Customer Care, 4045-A Campbell Ave, Menlo Park, CA 94025, Phone (844) 234-5367

By clicking this you agree to all applicable terms and conditions. These terms and conditions can be found at www.earlens.com/salesterms.