



# 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 _____ % <b>L</b>	_____	_____	_____	_____	_____	_____	_____
WRS - R _____ % <b>R</b>	_____	_____	_____	_____	_____	_____	_____

## 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](mailto: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](http://www.earlens.com/salesterms).