

AUDIOPOL

ORDER FORM FOR CUSTOM EARMOLDS

DISPENSER INFORMATION:

DATE: ____ / ____ / ____

BUSSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (____) _____

PATIENT'S INFORMATION:

FIRST NAME: _____

LAST NAME: _____

EARMOLD INFORMATION:

BTE HEARING AID EARMOLD	SWIM PLUG / NOISE PROTECTION
<p><u>MATERIAL:</u></p> <p style="text-align: center;">HARD HARD(SOFT TIP) SOFT</p> <p>_____</p> <p>CIRCLE ONE</p>	<p><u>COLOR:</u></p> <p style="text-align: center;">BLUE RED PINK</p> <p style="text-align: center;">YELLOW GREEN</p> <p style="text-align: center;">ORANGE VIOLET BEIGE</p> <p>_____</p> <p style="text-align: right;">CIRCLE ONE</p>
<p><u>COLOR:</u></p> <p style="text-align: center;"> CLEAR BEIGE</p> <p>_____</p> <p>CIRCLE ONE</p>	<p>SWIRL _____ / _____</p> <p style="text-align: right; font-size: small;">SPECIFY COLORS</p>
<p><u>TYPE:</u></p> <p style="text-align: center;">FULL SHELL SKELETON CANAL OPEN EAR</p> <p>_____</p> <p>CIRCLE ONE</p>	<p>CORD WITH HANDLES (ADD \$5.00)</p> <p style="text-align: center;">YES</p>
<p><u>VENT:</u></p> <p style="text-align: center;">NO VENT SMALL MEDIUM LARGE</p> <p>_____</p> <p>CIRCLE ONE</p>	<p>ADDITIONAL INFO:</p> <p>_____</p>

COST FOR THE CUSTOM EARMOLD OF ANY STYLE/OPTION IS \$35.00 PER UNIT
 SHIPPING AND HANDLING(**USPS 2ND DAY SERVICE**) \$ 5.00
 (**USPS OVERNIGHT**) \$ 15.00

CHECK OR MONEY ORDER SHOULD BE PAYABLE TO "AUDIOPOL"

PLEASE SHIP EAR IMPRESSION IN **PROTECTIVE PACKAGE** TO: AUDIOPOL
 287 E. DAISY CIR. ROMEOVILLE, IL 60446