EARMAXLAB

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
MATERIAL: HARD HARD(SOFT TIP) SOFT _____ CIRCLE ONE	COLOR: BLUE RED PINK YELLOW GREEN ORANGE VIOLET BEIGE _____ CIRCLE ONE SWIRL _____/_____ SPECIFY COLORS
COLOR: CLEAR BEIGE _____ CIRCLE ONE	
TYPE: FULL SHELL SKELETON CANAL OPEN EAR _____ CIRCLE ONE	CORD WITH HANDLES (ADD $5.00) YES
VENT: NO VENT SMALL MEDIUM LARGE _____ CIRCLE ONE	ADDITIONAL INFO: _____

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 "EARMAXLAB, LLC"

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