

## earlens New Inductive Custom Product Order Form

									*Required Fields
Physician Name.  Patient Name:  "Date of Birth:	*Earlens Account#					Tod	ay's Date: _		(mm/dd/yyyy)
*Patient Name:	*Clinic Name:			Ship To	Addr	ess:			
*Patient Name:	_								
City:									
Patient Email: Phone: Phone: Concierge Opt In  Hearing Profile (Please send an audiogram or fill in the audiometric thresholds below):  Previous hearing aid wearer? Yes No If "yes": Style (if known): NokHaudiometric Thresholds: 250Hz 500Hz 1kHz 2kHz 4kHz 8kHz (if availa Air Conduction L Air Conduction R Bone Conduction R WRS - L 9% WRS - R 9%  Please allow up to 14 days for delivery of your new patient kit.  *Kit Type: Stabilizer Type: "Cable Measurement: Descriptions Size Left Right First Blue 23   First Clear 25   Right Second Blue 27   Right Second Blue 27   Right Second Blue 27   Right Second Clear 29   Right Second Clear 29   Right Second Clear 29   Right Second Clear 29   Right Second Clear 33   Right Second Clear 35   Right Second Clear 37   Right Second Clear 39   Right Second Clear 37   Right Second Clear 39   Right Second Cl	Patient Address:								
Concierge Opt In  Hearing Profile (Please send an audiogram or fill in the audiometric thresholds below):  Previous hearing aid wearer? Yes No If "yes": Style (if known):  Audiometric Thresholds: 250Hz 500Hz 1kHz 2kHz 4kHz 8kHz (if availa Air Conduction L Air Conduction R Bone Conduction R WRS - L WRS - R WRS - R %  Please allow up to 14 days for delivery of your new patient kit.  *Kit Type: Stabilizer Type: *Cable Measurement: Binaural Canal Lock Descriptions Size Left Right First Blue 23	City:					State:		_ Zip:	
Concierge Opt In  Hearing Profile (Please send an audiogram or fill in the audiometric thresholds below):  Previous hearing aid wearer? Yes No If "yes": Style (if known):  Audiometric Thresholds: 250Hz 500Hz 1kHz 2kHz 4kHz 8kHz (if availa 4kHz 6kHz 6kHz 6kHz 6kHz 6kHz 6kHz 6kHz 6	Dationt Email:				Dhono:				
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Audiometric Thresholds: 250Hz 500Hz 1kHz 2kHz 4kHz 8kHz (if availa Air Conduction L	Previous hearing a	aid wearer? Yes	No 🗌	If "yes":	Styl	e (if knowr	n):		
Air Conduction R  Bone Conduction R  WRS - L	Audiometric Thre	esholds: 250Hz	z 500Hz	1kHz	:	2kHz	4kHz	8kHz	10kHz (if available)
Bone Conduction R  WRS - L ——————————————————————————————————	Air Conduction	n <b>L</b>							
Bone Conduction R  WRS - L	Air Conduction	n <b>R</b>							
Please allow up to 14 days for delivery of your new patient kit.  *Kit Type: Stabilizer Type: *Cable Measurement:  Binaural Canal Lock Descriptions Size Left Right  Monaural Left First Blue 23	Bone Conduction	on <b>L</b>							
Please allow up to 14 days for delivery of your new patient kit.  *Kit Type: Stabilizer Type: *Cable Measurement:  Binaural Canal Lock Descriptions Size Left Right  First Blue 23	Rone Conduction	on <b>P</b> ———							
Please allow up to 14 days for delivery of your new patient kit.  *Kit Type: Stabilizer Type: *Cable Measurement:  Binaural Canal Lock Descriptions Size Left Right First Blue 23			%						
*Kit Type: Stabilizer Type: *Cable Measurement:    Binaural	WK3 - <b>L</b>		70						
*Kit Type: Stabilizer Type: *Cable Measurement:    Binaural									
*Kit Type: Stabilizer Type: *Cable Measurement:    Binaural	Please allow up to	o 14 davs for delive	ry of your new pa	atient kit.					
Binaural Canal Lock  Monaural  Left  Right  First Blue  23  First Clear  Second Blue  7  Second Clear  Second Clear  Silver  Right  Fourth Blue  35  Fourth Blue  39  Fifth Blue  39									
Monaural  Left First Blue 23  First Blue 25  Second Blue 27  Second Clear 29  Third Blue 31  Third Clear Silver Right Champagne  Right Fourth Blue 39  Fifth Blue 39			Descriptions	Size	l eft	Riaht			
*Processor Color:  Black Skeleton Lock Skeleton Lock Silver Champagne  First Clear Second Blue Third Blue Third Blue Third Clear	_		•			Right			
*Processor Color:  Black  Left  Silver  Right  Champagne  Second Clear 29  Third Blue 31  Fourth Blue 35  Fourth Clear 37  Fifth Blue 39	Monaural		First Clear	25					
Skeleton Lock  Black Left Third Blue 31 Third Clear Silver Right Fourth Blue 35 Fifth Blue 39 Fifth Blue 39		Right	Second Blue	27				/	
Black Left Silver Right Champagne Third Blue 31 Third Clear Tourth Blue 35 Fourth Clear Fourth Clear 37 Fifth Blue 39	*Processor Color:	Skeleton Lock	Second Clear	29					
Silver Champagne Right Fourth Blue Fourth Clear Fifth Blue Fifth Blue Fifth Blue Fourth Clear Fifth Blue Fifth	Black		Third Blue	31					
Champagne  Right  Fourth Blue 35  Fourth Clear 37  Fifth Blue 39	Silvor	Left	Third Clear	33					
Champagne Fourth Clear 37		Right	Fourth Blue	35					
	Champagne		Fourth Clear	37				1	
Fifth Clear 41				39					
			Fifth Clear	41					

Other \_\_\_\_\_ FRM00222vJ earlens.com



## earlens New Inductive Custom Product Order Form

Number of Impressions* Left Right	
Full Impression Ship Date:/(mm/dd/yyyy) FedEx Tracking#	
Appointment Date for Device Placement:/ / (mm/dd/yyyy)	
☐ Webinar Promotion	
Other Promotion	
Additional Comments:	
Earlens Premium Service Program Patient Enrollment Agreement signed by patient	
You can submit your order by emailing a scanned copy of the completed form to customercare@earlens.com or Fax to 1-844-830-9995. Once your order is received, Earlens will send you a confirmation of the order.	
Please FedEx all impressions to: <b>Earlens Corporation,</b> Attention: Customer Care, 1165 O'Brien Drive, 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	