

### For Single-Sided Deafness

Bill To						
Account No. XZPURETONE						
Business Name: Puretone Ltd.						
Street or P.O. Box: <b>9-10 Henley Business Park</b>						
City: Rochester	State/Province: Kent					
Zip/Postal Code: ME2 4FR	·					
Puretone Order No						
Chin To						

Ship To (if different than Puretone Ltd.)		
Contact for this order:		
PURCHASE ORDER NUMBER (if applicable):		
Business Name:		
Street:		
	_ State/Province:	
Zip/Postal Code:	Country:	
Phone: ()	Fax: ()	
e-mail:		

#### **Impressions:**

- Include two impressions of the same ear with each order.
- Depth must be past the 2<sup>nd</sup> bend, as deep as possible.
- Impressions **must** be made from silicone impression material.

Special Instructions:

This section for lab use only

Date In:	Date Out:
HFSN:	Inv. No.:
TESN:	DSSN:

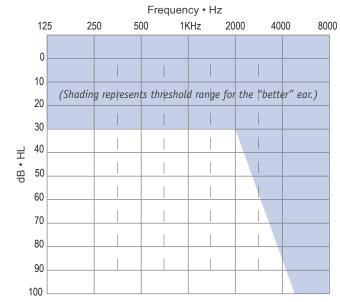
# PURETONE New TransEar Order

Patient:				
Last Name				
First Name, M.I. Date of Birth (MM/DD/YYYY				
Indicate <i>TransEar</i> to be fitted: ☐ Left ☐ Right				
Directional mic: ☐ Yes ☐ No				
eMiniTec programming box: ☐ Yes ☐ No				
Wire Connector Length: □Child □XXS □XS □S □M □L □XL (Refer to sizing template)				
Faceplate color □ Beige □ Brown □ Pink Shells are				
Processor color ☐ Beige ☐ Brown ☐ Black hypoallergenic acrylic.				
Send me additional Wire Connectors (Indicate quantity of each size.)				
Child: XXS: XS: S: M: L: XL:				
Expedited Service? Note in Special Instructions.				

Date:

AUDIOGRAM & SPEECH SCORES MUST BE COMPLETED OR ATTACHED AS SEPARATE SHEET

## Pure Tone Audiogram (bone scores required with order)



### Speech Scores (required with order)

	Left	Right
SRT		
MCL		
Maximum Speech Recognition	%	%

**EAR TECHNOLOGY CORPORATION** 

P.O. Box 1516, Johnson City TN 37605 888.382.9327 or 423.928.9060 ÷ fax 423.928.0515

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