



your
hearing
network

AARP
RISE 2 Custom Products Order Form



YHN Order Confirmation # (required when sending impressions):

Impressions on file? yes no Order Date:

Your Information	Ship To Information			Fitter's information		
	HearUSA PO #	Bill To Number: 4001287		Today's Date:	Fitting Date:	
Phone #:				Fitter's Name:		
Company Name:				Fitter's E-mail:		
Address 1:				Patient Information		
Address 2:				First Name:	Middle Init:	
City:	State:	Zip:		Last Name:	Age:	

Instrument	Battery	Ino*		Get*†		T-coil		Auto† T-coil		Auto Phone† Only (no charge)		VC		Push button	
		L	R	L	R	L	R	L	R	L	R	L	R	L	R
CIC	10A					NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Mini Canal	10A					NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Canal	312					NA	NA					NA		STD	
Half Shell	312													STD	
Low Profile	312													STD	
Power CIC	10A					NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Power Mini Canal	10A					NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Power Canal Omni Mic	312					NA	NA	NA	NA	NA	NA	NA	NA		
Power Canal Directional Mic	312					NA	NA	NA	NA	NA	NA	NA	NA		
Power HS Omni Mic	312														
Power HS Directional Mic	312														

† Auto T-coil and Auto Phone not available in Get. * Connectivity not available in these models.

Color / Options	Faceplate/Shell Color	
	Pink 01 (default)	Tan 02
Medium Brown 03 faceplate/clear shell	Dark Brown 04 faceplate/clear shell	
Clear Shell (specify faceplate color)		
Options		
Venting: Collection vent STD to maximize benefit of OpenEar Acoustics™ Straight (Cast)		
Canal Length: (Factory STD unless otherwise marked) Medium Long As marked on impression		
Other Options:		
Raised VC	Removal String (Standard on CIC)	
	Include Spanish Instructions	

Audiometric Information (Required)							
Hz	250	500	1K	2K	3K	4K	6K
AC R							
AC L							

Send more order forms Impression Boxes Send more bills

Special instructions:

Internal use only
Do not write

Submit this form to orders@YourHearingNetwork.com or fax to 866-713-8258.



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