

PHILIPS

HearLink 9040 | 9030 | 9010 earmold & MicroShell order form

PO #: _____

Member information

Patient ID: _____

Date: _____

Audiometric information

Hz	250	500	1000	2000	4000	8000
AC right						
AC left						
BC right						
BC left						

Speakers & tubing options

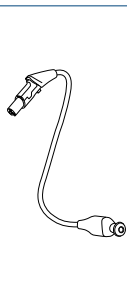
Speakers

1. Choose size

Right 60 85 100 105[†]
Left 60 85 100 105[†]

2. Choose length

Right 1 2 3 4
Left 1 2 3 4



*You may only select the Power Mold with the 105 speaker

Thin tubes and standard tubing

1. Choose length

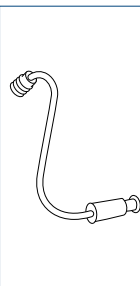
Right 0 1 2 3
Left 0 1 2 3

2. Choose thickness

Right 0.9 mm 1.3 mm
Left 0.9 mm 1.3 mm

3. Standard tubing

size 13 standard tubing



Style options

For MicroShell orders, please adhere to special notes

Lite tip

Clear acrylic only
 Left
 Right



Only for 60 & 85 speakers

Full shell

Clear acrylic Left
 Right
Silicone* Left
 Right



Only for standard tubing, thin tube, & 100 speaker

Micromold

Clear acrylic Left
 Right
Silicone Left
 Right



Only for thin tube and 60 & 85 speakers

Power

Clear acrylic only
 Left
 Right



Available for 100 & 105 speakers only

Canal

Clear acrylic Left
 Right
Silicone* Left
 Right



Retention/lock type

Skeleton (clear acrylic) Left
 Right
Skeleton (silicone)* Left
 Right
 Canal lock

MicroShell

Acrylic only
 Left
 Right



Only for 60 & 85 speakers

MicroShell Color[†]

Clear Beige Black
 Light brown Medium brown Dark brown

Canal length

Factory will select unless marked

As marked Deep (at 2nd bend)
 Long (before 2nd bend) Medium (at 1st bend)
 Short (before 1st bend) Length of impression

Venting

Factory will select unless marked

Largest possible Extra large (3.0 mm)** Large (2.4 mm)
 Medium | Large (1.8 mm)[†] Medium (1.4 mm) Small (0.8 mm)
 No vent Other style:

Special instructions

Options

Print dot on shell Left Right Both
 Blue Red
Print L+R on shell Left Right Both
Removal string*** Left Right Both

* Silicone is the only option for 100 speakers
** Not available for 105 power mold
*** Standard for Lite Tip
[†] Option reserved for MicroShell ONLY

Shipping information

Ship to CHAC #: _____

Name of Costco hearing care professional: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone number: _____