

# Loaner Bank BTE & Earmold Order Form

Your Information

## Ship To Information

Customer Number:

(Please complete all information including name & phone number)

Phone #:( )

Office Name:

Address:

City: State: Zip:

## Fitter's Information

Today's Date: Fitting Date:

Fitter's Name:

Fitter's E-mail:

## Patient Information

First Name: Middle Initial: Age:

Last Name:

The information contained on this form will be kept confidential according to HIPAA Guidelines.

## BTE Loaners

NOTE: Tamper-resistant battery door added on all aids for children 3 and under

Chroma Beige Chestnut Brown Black

Choose Model/Quantity

Sensei Pro BTE (312)

Sensei Pro BTE (13)

Sensei BTE (312)

Sensei BTE (13)

Sensei Pro SP BTE (13)

Sensei SP BTE (13)

Safari SP 900 (13)

Safari SP 600 (13)

Safari SP 300 (13)

## Amigo Loaners

Instrument

Chroma Beige Chestnut Brown Black

Choose Model/Quantity

Amigo R12 Recvr

Amigo Transmitter

Select one

T5

T30

## Required: Audiometric Information

Hz	250	500	1K	2K	3K	4K	8K
Right							
Left							

## Reason for Loaner Hearing Aids:

- ☐ 3rd party reimbursement
- ☐ Cochlear implant evaluation
- ☐ Other; explain

BTE Mold Order

Type	R	L	Style	R	L	Venting	R	L	Tubing	R	L
BTE Mold	<input type="checkbox"/>	<input type="checkbox"/>	Full Shell w/ Helix	<input type="checkbox"/>	<input type="checkbox"/>	SAV Vent	<input type="checkbox"/>	<input type="checkbox"/>	13 Medium Tube	<input type="checkbox"/>	<input type="checkbox"/>
Color	<input type="checkbox"/>	<input type="checkbox"/>	Full Shell No Helix	<input type="checkbox"/>	<input type="checkbox"/>	Pressure Vent	<input type="checkbox"/>	<input type="checkbox"/>	13 Heavy Tube	<input type="checkbox"/>	<input type="checkbox"/>
Clear (STD)	<input type="checkbox"/>	<input type="checkbox"/>	Skeleton	<input type="checkbox"/>	<input type="checkbox"/>	No Vent	<input type="checkbox"/>	<input type="checkbox"/>	Options	<input type="checkbox"/>	<input type="checkbox"/>
Medium Brown	<input type="checkbox"/>	<input type="checkbox"/>							Print R/L on the mold	<input type="checkbox"/>	<input type="checkbox"/>
									Make Canal Tip Red/Blue	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Soft Silicone material is STD

## Special Instructions

## Agreement

I agree to the Oticon Pediatrics Loaner Bank policies and procedures and understand that:

- Our account is responsible for the products that are provided to us on a temporary basis. In the event the products are not returned to Oticon, Inc. within 30 days of the loaner period expiring, the account will be billed for the products at our current account pricing (exception for products documented as lost).
- The earmolds are covered with a 90 day one time remake warranty. If additional options are requested from what is considered standard, the account will be billed by Oticon for these charges.

Name of Hearing Care Professional

Signature of Hearing Care Professional

Date