

Moxi RIC and Custom Ear Piece Order Form

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unitron™

Step 1 Ship to

Rush 24 Hour Rush (additional charge)

Ship to account number _____

Account name _____

Address _____

City _____ State _____ Zip code _____

Third party bill to _____

Purchase order number _____

Medicaid number _____

Contact information

Date _____

Contact name _____

Email _____

Step 2 Patient information

First name _____

Last name _____

Patient audiogram

	250 Hz	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz
Left						
Right						

Step 3 Hearing instrument selection

Please add to order Already have the following

	9	7	5	3
Moxi™ Move R	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R
Moxi Fit	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R
Moxi Jump R T	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R

Color

- Beige (01) Platinum (P6) Cinnamon (Q9)
 Amber (P2) Pewter (P7) Amber suede (S2)
 Espresso (P4) Charcoal (P8)



01
Beige



P2
Amber



P4
Espresso



P6
Platinum



P7
Pewter



P8
Charcoal



Q9
Cinnamon



S2
Amber suede

Step 4 Custom ear piece options

Shell style

	S 111/46	M* 114/50	P 122/58	UP 130/67
SlimTip, Hollow (Acrylic) o62-0006-01	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	NA
RIC Secure Fit (RSF) (Soft Silicone) o62-0007-01	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	NA
cShell (Acrylic) o62-0008-01	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R

*Default

Receiver length

00 L R 0 L R 1 L R 2 L R 3 L R

Shell color (hard shell)

- Pink (26)
 Tan (14)
 Cocoa (22)
 Brown (28)
 Clear (21) Default for SlimTip; only color option for silicone
 Blue/Red
 Trans. pink (T)
 Trans. brown (N)

cShell Faceplate color (hard shell only)

- Pink (26)
 Tan (14)
 Cocoa (22)
 Brown (28)
 Clear (13)

Venting

- L R Intellivent (audiogram required) (AO)
 L R Pressure vent SAV 1.2 mm (S12)
 L R 2.0 mm SAV (S20)
 L R 2.5 mm SAV (S25)
 L R 3.0 mm SAV (S30)
 L R Custom large (3L)
 L R No vent (X)

Wax system

- L R None L R Extended Receiver Tube*
 L R UH wax guard (CS) L R Wax Spring*
n/a with RSF *cShell only

Finish

- Gloss (HC) (standard) Satin (SA)

Shell options

- L R Removal filament (RF) L R Skeleton Lock (SL)
 L R Canal lock (CL)

Step 5 Wireless accessories

- TV Connector (076-5049-0611) PartnerMic (076-5050-P811)
 Remote Control (076-0066-T9)



Step 6 Special instructions

Please send: Shipping labels Order forms
 Impression boxes Repair forms

800.888.8882 | FAX 800.521.5400 | 444 Commerce Street | Aurora, IL 60504 | unitron.com/us