

# mPower RIC Custom Order Form



Patient Name \_\_\_\_\_ Patient DOB/Age \_\_\_\_\_ Date \_\_\_\_\_

**BILL TO** ACCOUNT NO. \_\_\_\_\_ **SHIP TO** ACCOUNT NO. \_\_\_\_\_

Contact \_\_\_\_\_ Contact \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Check No. \_\_\_\_\_ Amount \_\_\_\_\_ P.O. No. \_\_\_\_\_ **SERVICE OPTIONS**

Medicaid: State \_\_\_\_\_ P.O. No. \_\_\_\_\_  One Day Service  Same Day Service

TEST DATA	MCL L		R		UCL L		R	
Air RIGHT Bone								
Frequency	250	500	750	1K	2K	3K	4K	6K 8K
Air LEFT Bone								

### MPOWER RECEIVER REQUIREMENTS

LEFT  RIGHT

SPARE RECEIVER(S): LEFT  RIGHT

#### VENTING OPTIONS

LEFT  No Vent  1 mm  2 mm  3 mm  BAV

RIGHT  No Vent  1 mm  2 mm  3 mm  BAV

#### SHELL OPTIONS

Clear Shell  Canal Lock  Hear Clear

Red/Blue Tipped Shell  Half Shell  Foam Filter

Full Shell  Biconic Wax Guard

#### RECEIVER CABLE LENGTH REQUIRED

LEFT  1  2  3  4  5

RIGHT  1  2  3  4  5

### HEARING AID ORDER REQUIREMENTS

FILL IN SELECTION BELOW \_\_\_\_\_ Quantity

RIC 13	RIC 10	RIC 312
<input type="radio"/> Mobility 50	<input type="radio"/> Focus 50	<input type="radio"/> Mobility 50
<input type="radio"/> Mobility 40	<input type="radio"/> Focus 40	<input type="radio"/> Mobility 40
<input type="radio"/> Mobility 30	<input type="radio"/> Focus 30	<input type="radio"/> Mobility 30
<input type="radio"/> Avail w20	<input type="radio"/> Avail 20	<input type="radio"/> Avail w20
<input type="radio"/> Avail w10	<input type="radio"/> Avail 10	<input type="radio"/> Avail w10
<input type="radio"/> Focus 50		<input type="radio"/> Focus 50
<input type="radio"/> Focus 40		<input type="radio"/> Focus 40
<input type="radio"/> Focus 30		<input type="radio"/> Focus 30
<input type="radio"/> Avail 20		<input type="radio"/> Avail 20
<input type="radio"/> Avail 10		<input type="radio"/> Avail 10

#### HEARING AID COLOR OPTIONS

Choose product color to match hair color. Circle selection.

STANDARD COLOR OPTIONS	BRIGHT COLOR OPTIONS
<input type="radio"/> Champagne	<input type="radio"/> Red Hot
<input type="radio"/> Onyx	<input type="radio"/> Purple Pop
<input type="radio"/> Slate	<input type="radio"/> Pink Pixie
<input type="radio"/> Pearl	<input type="radio"/> Fuchsia Fabulous
<input type="radio"/> Sterling	<input type="radio"/> Blue Ice
<input type="radio"/> Bronze	<input type="radio"/> Blue Pacific

DO NOT WRITE HERE  
FACTORY USE ONLY

### HEARING AID HISTORY

LEFT Previous User  YES  NO Previous Vent Size \_\_\_\_\_

RIGHT Previous User  YES  NO  L \_\_\_\_\_  R \_\_\_\_\_

Output/Make \_\_\_\_\_ Gain/Model \_\_\_\_\_ Serial No. (If MicroTech) \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

Internal use only:  IMP10  IMP15  OF10

## Impression Instructions

- 1) Using an otoscope, inspect the ear canal for anatomical landmarks and verify it is cerumen free.
- 2) Place a flattened cotton block lubricated with OtoEase 8 to 10 mm beyond the second bend, near the eardrum.
- 3) Place the syringe deep into the ear canal and slowly pull back as the ear canal fills with the silicone impression material.

- 4) Once material is set, remove impression, being sure to break the seal via patient jaw movement and ear manipulation.
- 5) Inspect ear impression – Retake impression if not correct.

### RECOMMENDATIONS

1. Take impression past second bend.
2. Use measurement tool to determine receiver cable length.
3. Try actual receiver cable in ear with a small earbud.  
Receiver cable should enter ear canal AT TOP of canal.

## Impression Reference Instructions

At the heart of any good hearing aid fitting is the impression. There is no hearing instrument technology or physical modification that can substitute for a good impression. A good impression that goes beyond the second bend of the ear canal is required for the best patient result. It is best to use a flattened cotton block versus the foam block that takes up space in the ear canal and leaves it under filled with short canals. In short, follow these basic guidelines:

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1) Examine the ear to select block size.</li> <li>2) Place the flattened block past second bend and examine placement.</li> <li>3) Inject the material with syringe tip deep in the canal.</li> </ol> | <ol style="list-style-type: none"> <li>4) Wait and remove the impression.</li> <li>5) Inspect your work – Retake impression if needed – Pack impression with order form for shipping FedEx overnight.</li> </ol> |
|--|--|

### Impression Checklist

When the impression has been completed, the following points provide a useful checklist to ensure the impression is ready to be sent for production:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Is the helix and antihelix complete?</li> <li><input type="checkbox"/> Does the impression have a smooth finish?</li> <li><input type="checkbox"/> Ensure there are no air, hair, or wax voids.</li> <li><input type="checkbox"/> Is the canal sufficient to define the second bend of the ear canal?</li> <li><input type="checkbox"/> Is the tragus portion of the ear clearly defined?</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Is the concha complete?</li> <li><input type="checkbox"/> There are no weld marks (caused by the impression material drying too quickly).</li> <li><input type="checkbox"/> The edges of the folds in the concha should not be rounded but well defined — avoid mashing the material in the concha against the pinna.</li> </ul> |
|--|--|



**CORRECT**

Canal, concha and helix adequately filled. Canal block left attached.



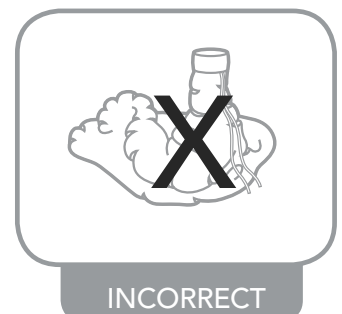
**INCORRECT**

Insufficient canal depth. Canal block not placed deeply enough in the ear.



**INCORRECT**

Slanted, under filled canal due to improper placing of block in ear. Helix either under filled or pressed out.



**INCORRECT**

Gaps or weld marks. Overall surface of impression not smooth.