



# BTE & EARMOLD ORDER FORM

P.O. Box 829 Hopkins, MN 55343

637 12<sup>th</sup> Ave. South Hopkins, MN 55343

Toll Free: 1-800-322-8238 Local [952] 908-7654 Fax [952] 908-7661

Website: [www.PrairieLabs.com](http://www.PrairieLabs.com) E-Mail: [Sales@PrairieLabs.com](mailto:Sales@PrairieLabs.com)

Prairie Labs Inc.

Account #	Tel #	Amount Enclosed	Check #	Date																																																																																																																					
Dealership Name & Address			Shipping Address																																																																																																																						
Patients Name			<p align="center"><b>Patients Hearing Information</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>125</th> <th>250</th> <th>500</th> <th>1K</th> <th>2K</th> <th>4K</th> <th>8K</th> <th></th> </tr> </thead> <tbody> <tr><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>LEFT:</td></tr> <tr><td>10</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>SRT _____</td></tr> <tr><td>20</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>MCL _____</td></tr> <tr><td>30</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>UCL _____</td></tr> <tr><td>40</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Score _____</td></tr> <tr><td>50</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>RIGHT</td></tr> <tr><td>60</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>SRT _____</td></tr> <tr><td>70</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>MCL _____</td></tr> <tr><td>80</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>UCL _____</td></tr> <tr><td>90</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Score _____</td></tr> <tr><td>100</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>HL    SPL</td></tr> <tr><td>110</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td><input type="checkbox"/>    <input type="checkbox"/></td></tr> </tbody> </table> <p align="center"><b>IMPORTANT:</b> PLEASE ENCLOSE AN AUDIOGRAM &amp; IMPRESSIONS WITH ORDERS</p>			125	250	500	1K	2K	4K	8K		0								LEFT:	10								SRT _____	20								MCL _____	30								UCL _____	40								Score _____	50								RIGHT	60								SRT _____	70								MCL _____	80								UCL _____	90								Score _____	100								HL    SPL	110								<input type="checkbox"/> <input type="checkbox"/>
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<p align="center"><b>CIRCUITRY</b></p> <table border="0" style="width:100%;"> <tr> <td style="width:33%;"><u>Basic Non-Pro.</u></td> <td style="width:33%;"><u>Premium Non-Pro.</u></td> <td style="width:33%;"><u>Premium Programmable</u></td> </tr> <tr> <td><input type="checkbox"/> Linear</td> <td><input type="checkbox"/> PT 1 Linear</td> <td><input type="checkbox"/> PT 1 (675 Super Power only)</td> </tr> <tr> <td><input type="checkbox"/> AGC</td> <td><input type="checkbox"/> PT 1 AGC</td> <td><input type="checkbox"/> PT 4</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> PT 6</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> PT 8    <input type="checkbox"/> PT 16</td> </tr> </table>			<u>Basic Non-Pro.</u>	<u>Premium Non-Pro.</u>	<u>Premium Programmable</u>	<input type="checkbox"/> Linear	<input type="checkbox"/> PT 1 Linear	<input type="checkbox"/> PT 1 (675 Super Power only)	<input type="checkbox"/> AGC	<input type="checkbox"/> PT 1 AGC	<input type="checkbox"/> PT 4			<input type="checkbox"/> PT 6			<input type="checkbox"/> PT 8 <input type="checkbox"/> PT 16																																																																																																								
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<p align="center"><b>TRIMPOTS</b></p> <p align="center">(maximum of two, non-programmable only)</p> <input type="checkbox"/> Threshold (AGC-I) <input type="checkbox"/> FBR (High Cut) <input type="checkbox"/> Output Limiter <input type="checkbox"/> Tone (Low Cut)																																																																																																																									
<p align="center"><b>BTE CASE COLOR</b></p> <input type="checkbox"/> Beige <input type="checkbox"/> Cocoa Brown			<p align="center"><b>EARMOLD STYLES</b> (6 mo. fit warranty only)</p> <input type="checkbox"/> Full Shell <input type="checkbox"/> Half Shell <input type="checkbox"/> Skeleton <input type="checkbox"/> Canal <input type="checkbox"/> Open Fit <input type="checkbox"/> CIC																																																																																																																						
<p align="center"><b>DIRECTIONAL MICROPHONE/T-COIL</b></p> <input type="checkbox"/> Omni/Directional (user selectable) <input type="checkbox"/> Full Time (no switch) <input type="checkbox"/> STD. T-Coil <input type="checkbox"/> AMP. T-Coil <input type="checkbox"/> STD. Auto T-Coil <input type="checkbox"/> AMP. Auto T-Coil			<p align="center"><b>EARMOLD OPTIONS</b></p> <p align="center"><b>Color:</b></p> <input type="checkbox"/> Pink <input type="checkbox"/> Beige <input type="checkbox"/> Lt. Brown <input type="checkbox"/> Cocoa Brown <input type="checkbox"/> Red/Blue <input type="checkbox"/> Hypoallergenic (Clear) <input type="checkbox"/> Dark Brown <input type="checkbox"/> Clear Soft																																																																																																																						
<p align="center"><b>WARRANTY &amp; SERVICE UPGRADES (additional charges)</b></p> <input type="checkbox"/> Two-Year Warranty (Loss & Damage Included) <input type="checkbox"/> 1-Day In-House Service <input type="checkbox"/> Deluxe Presentation Kit (Non-Returnable)			<p align="center"><b>Canal:</b></p> <input type="checkbox"/> Short Canal <input type="checkbox"/> Med. Canal <input type="checkbox"/> Long Canal <input type="checkbox"/> As Marked <input type="checkbox"/> Soft Tip <input type="checkbox"/> Bell Canal																																																																																																																						
<p align="center"><b>METHOD OF SHIPPING</b></p> <input type="checkbox"/> Free First Class Mail <input type="checkbox"/> FedEx Ground <input type="checkbox"/> FedEx 2 <sup>nd</sup> Day <input type="checkbox"/> C.O.D <input type="checkbox"/> Priority Mail <input type="checkbox"/> Ship To User <input type="checkbox"/> FedEx Standard Overnight <input type="checkbox"/> Express Account			<p align="center"><b>Vent:</b></p> <input type="checkbox"/> None <input type="checkbox"/> Pressure <input type="checkbox"/> #2 Medium <input type="checkbox"/> Select-A-Vent <input type="checkbox"/> Iros <input type="checkbox"/> Factory Choice																																																																																																																						
<p align="center"><b>PLEASE SEND MORE</b></p> <input type="checkbox"/> Custom Production Forms <input type="checkbox"/> Repair Forms <input type="checkbox"/> Impression Boxes <input type="checkbox"/> Mailing Labels <input type="checkbox"/> BTE/Ear Mold Production Forms <input type="checkbox"/> FedEx Labels (Express Account Customers Only)			<p align="center">Prairie Labs use only</p>																																																																																																																						
<p align="center"><b>SPECIAL INSTRUCTIONS</b></p>																																																																																																																									

Incomplete orders may delay processing; please verify information on mailing copy. 1/01/17

## 1 YEAR WARRANTY (INCLUDES LOSS & DAMAGE)