



# Custom Product Order Form

Future Sonics will not warranty custom products for fit, made from impressions not in accordance w/ the directions set forth in this document. A copy of a completed form must be included w/ each set of impressions.

DATE:	ORDER NUMBER:
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Send completed Form & Impressions to:

Future Sonics, Inc. • 416 Green Ln., Suite 2 • Bristol, PA. 19007 • USA • 215.826.8826

CLIENT NAME:	NAME CLIENT WOULD LIKE ENGRAVED ON EAR MONITORS® CASE:
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### AUDIOLOGIST INFORMATION:

#### Important Questions For Clients:

Name of Audiologist \_\_\_\_\_

Name of Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip / Postal Code \_\_\_\_\_ Country \_\_\_\_\_

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

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Was your hearing tested at this visit? Yes \_\_\_ No \_\_\_

Do you have ringing in your ears? Yes \_\_\_ No \_\_\_

Are you sensitive to sound? Yes \_\_\_ No \_\_\_

Do you wear earplugs in noisy environments? Yes \_\_\_ No \_\_\_

**AUDIOLOGIST NOTES:** (Use back of Order Form if necessary)

### BILL TO:

Name \_\_\_\_\_

Company \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip / Postal Code \_\_\_\_\_ Country \_\_\_\_\_

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

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

### SHIP TO:

Ship to, same as Bill to

Name \_\_\_\_\_

Company \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip / Postal Code \_\_\_\_\_ Country \_\_\_\_\_

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

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

### PAYMENT INFORMATION

AMEX \_\_\_\_\_ DISCOVER \_\_\_\_\_ MASTER CARD \_\_\_\_\_ VISA \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3 Digit Security Code (4 Digit AMEX): \_\_\_\_\_

Future Sonics will not process payment until your Custom Product Order is complete. However, we will not begin manufacturing of your Custom Product Order if we do not receive your Payment Information. To ensure your order is not held up, please be sure that your Bill To: address matches your Credit Card Bill To: address. Any questions please call Future Sonics at 215-826-8826.

## CUSTOM PRODUCTS REQUESTED

### EAR MONITORS®

► 1st Select Model ◀

mg5pro™ 10mm

mg6pro™ 13mm

► 2nd Select Color ◀

(Solid) Beige

(Solid) Brown

(Solid) Black

(Solid) White

Smoke

Clear

Blue Left & Red Right

Red

Blue

Green

Orange

Yellow

Purple

Pink

### CUSTOM EARPLUGS

► Available in Clear Only ◀

-9 dB

-15 dB

-25 dB

Solid Filter

### SOFTERWEAR™ Sleeves

► Custom Fit Sleeve Upgrade / Clear Only ◀

Spectrum Series™ G10

Special Order:

### COMMUNICATION

► IFB w/ Standard Coil Tube ◀

Left

Right

Special Order:

Special Order:

Special Order:



## IMPRESSION INSTRUCTIONS AND CUSTOM PRODUCTS ORDER FORM

### INFORMATION FOR THE CLIENT:

The Future Sonics, brand custom earmold products are precision instruments which can only be properly manufactured from precise earmold impressions (Silicon Material Only) by our custom manufacturing facility. To insure that you experience the **optimum performance and most reliable service** from your product, and to receive prompt and correct delivery of your order, it is important to read this thoroughly and fill out the form included. Future Sonics will not warranty custom products from impressions not taken following the instructions below.

### STEPS TO ORDERING CUSTOM PRODUCTS:

- 1) Find an Audiologist to make impressions of your left and right ears for you. Audiologists are as close as your local yellow pages. If you have a problem locating these services, please call Future Sonics, Inc. at **1-877-FSI-EARS**, we would be happy to assist you. Fees for impressions are your responsibility. Ask when you call them, as these fees may vary from region to region and Audiologist to Audiologist.
- 2) Have a set of silicone impressions made for your left and right ears. Using silicone impression material and a "bite block". (A bite block is usually a sterile cotton or hard foam pad placed between the upper and lower teeth, to hold the jaw open about 1" while the impression material cures. This is an important step as the soft cartilage just past the first directional bend, increases in volume (size) when the jaw is open. Do not open and close your mouth while the material cures.)
- 3) It is recommended to have a hearing test / screening at least once a year as part of your hearing health. Consider these options when visiting your local Audiologist or Hearing Healthcare Professional.
- 4) Completely fill out the enclosed form. (Please print the persons complete name for the impressions, color etc.) Incomplete information may delay the process.
- 5) Carefully pack and ship your impressions and a copy of the form to us. This form may be transmitted to us via email but be sure to include a copy with each set of impressions sent. Be sure the impressions are in a secure cardboard box so they don't get crushed. You are responsible for shipping costs.
- 6) Make contact! We will contact you when your impressions arrive to arrange payment.

### INSTRUCTIONS FOR THE AUDIOLOGIST:

- 1) Observe recognized procedures for otoscopic examination of the ear and be certain to screen the client's ear canal for contra-indication.
- 2) Insert an oto-block slightly beyond the second directional bend.
- 3) Use only silicone impression material. Impressions will not be processed from powder and liquid type materials.
- 4) Please use a "**Bite Block**" to hold the clients jaw open about 1 inch, while the impression cures.
- 5) Syringe the impression material into the ear. Be careful to **fill the canal up to the second directional bend and fill the concha completely**. Be sure to over-fill the ear between the tragus and helix area. Provide ample time for the impressions to cure.
- 6) Impressions must not contain cracks, ripples or voids.
- 7) Complete all information on the Order Form page (i.e.: color and full name ect.) to insure correct and prompt processing. Incomplete forms will result in a processing delay
- 8) Carefully pack impressions in a crush resistant box and this form (one form for each client) to process this order.

**PROFESSIONAL FEES:** Professional fees for impressions and audiologist services are the responsibility of the client and payable directly to the audiologist for services rendered.

**SHIPPING:** Client is responsible for all shipping charges. Packing and shipping costs incurred by the audiologist should be billed directly to the client. Please ship impressions promptly.

### SHIP IMPRESSIONS TO:

**FUTURE SONICS, Inc.  
416 GREEN LANE, SUITE #2  
BRISTOL, PA 19007 USA  
TELEPHONE: 215 826 8826**