WIDEX
SOUND LIKE NO OTHER

WIDEX ALLURE™ CUSTOM ORDER FORM

CAMISHA BY WIDEX

STEP 1: ACCOUNT INFORMATION

Bill-to Account #: _____

Ship-to Account #: _____

PO #: _____

Address: _____

City: _____ State:_____ Zip:_____

Hearing Care Provider: _____

Phone: _____

Email: _____

STEP 2: PATIENT INFORMATION

Fitting Date: _____

First Name: _____

Last Name: _____

Audiometric Information _____

	250Hz	500Hz (Required)	1kHz	2kHz	3kHz	4kHz
Right						
Left						

Widex may decrease the vent size to accommodate your order request. Would you like to be consulted before this change is made? (Y) (N)

Previous User: (Y) (N) Age:_____

Ear Texture: ☐ Soft ☐ Medium ☐ Firm

Impression: ☐ Open mouth ☐ Closed mouth

STEP 3: SELECT SERVICE

Shipping Method & 24-Hour Service†

- ☐ Standard (Delivery by end of day, second day)
- ☐ End of day, next day
- ☐ Morning by 10:30 AM
- ☐ Early AM by 8:00 AM

Please Send:

- ☐ Order Forms
- ☐ Impression Boxes
- ☐ Service Forms

Impression Recommendations

- **Use silicone impression material.**
- **Make impressions past the second bend.**
- **For optimal microphone placement, it is recommended to draw a horizontal line through the tragus on the earmold impression.**

☐ **Use previous CAMISHA impression scan(s) to manufacture this order.**

Right Serial #:_____ Left Serial #: _____

STEP 4: SELECT CUSTOM HEARING AID AND FEATURES

Select Technology Level	Select Receiver Strength	Select Style and Size (Compatible options are listed below each device style)
☐ Allure 440 ☐ Allure 330 ☐ Allure 220	S (80 dB) (R)(L) M (90 dB) (R)(L) P (95 dB) (R)(L)	 **ITE R D** Half Shell (R)(L) Full Shell (R)(L)

dB = max fitting range at 1k Hz

STEP 5: SELECT HEARING AID COLOR AND OPTIONS

Hearing Aid Color

- ☐ Beige
- ☐ Medium Brown
- ☐ Dark Brown
- ☐ Black

Venting May vary due to ear canal size

If no vent is selected, Widex will select Vent Optimized for Anatomy/Audiogram

- No Vent (R)(L)
- XS (R)(L)
- S (R)(L)
- M (R)(L)
- L (R)(L)
- XL (R)(L)
- Trench Vent (R)(L)
- IROS Vent (R)(L)
- Semi IROS Vent (R)(L)
- Reverse Horn Vent (R)(L)
- Largest Vent Possible (R)(L)
- Vent Optimized for Anatomy/Audiogram (R)(L)

Additonal Options

- Soft Hypoallergenic Shell Coat (R)(L)
- Hard Hypoallergenic Shell Coat (Default) (R)(L)
- Retention Ring (R)(L)
- Removal Line (R)(L)
- Removal Post (R)(L)
- Removal Notch (R)(L)
- No Helix - 3/4 Shell (R)(L)

Canal Length

- Medium (Standard) (R)(L)
- Short (R)(L)
- Long (R)(L)
- As Marked on Impression (R)(L)

Wax Guard

- NanoCare™ (Standard) (R)(L)
- Extended Receiver Tubing (R)(L)
- Spring (R)(L)
- Bell Canal (size permitting) (R)(L)

Additional Comments / Special Instructions: _____

_____

_____

_____

STEP 6: SELECT WARRANTY OPTIONS†

INCLUDED WARRANTIES	OPTIONAL WARRANTIES
WIDEX ALLURE 440/330 (all styles) 3-Year Repair Warranty 3-Year Loss & Damage Coverage (Standard)	4th Year Repair Warranty (R)(L) 4th Year of Loss & Damage Coverage (R)(L)
WIDEX ALLURE 220/110 (all styles) 2-Year Repair Warranty 2-Year Loss & Damage Coverage (Standard)	3rd Year Repair Warranty (R)(L) 3rd Year of Loss & Damage Coverage (R)(L) 4th Year Repair Warranty (R)(L) 4th Year of Loss & Damage Coverage (R)(L)

Loss and Damage claims for all WIDEX ALLURE hearing aids are limited to one time within the L&D period. †

STEP 7: SELECT ACCESSORIES† (Indicate quantity)

TV PLAY™ 2	Silver _____
RC2-DEX™:	Silver _____ Black _____

† Refer to Price and Policy Guide for current pricing