

GOVERNMENT SERVICES INSIO CHARGE&GO AX CUSTOM ORDER FORM

TEL: (800) 955-4327 FAX: (732) 562-6653 EMAIL: va.customercare@signiausa.com



Account # Date:

Expedite 24-Hour Service no charge
Warranty 36-Month no charge

Bill To Address: Contact:
 Tel: Ship To Address:

Email:

P.O. No.

Client Information Last Name, First Name, Middle Initial

Last 4 S.S.#

**Shipping: No charge
UPS 2nd Day**

STEP 1 - Side Preferences

Side Selection	Matrix Selection				
<input type="checkbox"/> Binaural	<input type="checkbox"/> Factory Select	<input type="checkbox"/> 113/50*	<input type="checkbox"/> 118/55	<input type="checkbox"/> 124/65	
<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Max Matrix	*not available with FS			

Hearing Thresholds

	250 Hz	500 Hz	750 Hz	1 kHz	1.5 kHz	2 kHz	3 kHz	4 kHz	6 kHz	8 kHz
R										
L										

STEP 2 - Technology and Shell Size (check selection)

	FS (Li-Ion battery)	HS (Li-Ion battery)	ITC (Li-Ion battery)
Insió C&G AX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 4 - Shell Color

Beige	<input type="checkbox"/>	Dark Brown	<input type="checkbox"/>
Tan	<input type="checkbox"/>	Red/Blue	<input type="checkbox"/>
Mocha	<input type="checkbox"/>	Clear	<input type="checkbox"/>
Brown	<input type="checkbox"/>	Black	<input type="checkbox"/>

STEP 3 - Faceplate Color

Beige	Tan	Mocha	Brown	Dark Brown	Black
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 5 - Control Options

Memory Button	Standard
TwinPhone	Standard

STEP 6 - Shell Options

	R	L
Full Shell Retention ¹	<input type="checkbox"/>	<input type="checkbox"/>
Removal String	<input type="checkbox"/>	<input type="checkbox"/>
Removal Post	<input type="checkbox"/>	<input type="checkbox"/>
Filament Loop	<input type="checkbox"/>	<input type="checkbox"/>
OtoRing	<input type="checkbox"/>	<input type="checkbox"/>
Build to Fit	<input type="checkbox"/>	<input type="checkbox"/>
Dip Canal in Soft Material	<input type="checkbox"/>	<input type="checkbox"/>
Canal Grip™	<input type="checkbox"/>	<input type="checkbox"/>
Large R/L Letters	<input type="checkbox"/>	<input type="checkbox"/>
Large Dot Right	<input type="checkbox"/>	
Large Dot Left		<input type="checkbox"/>
Patient Name	<input type="checkbox"/>	<input type="checkbox"/>
QuickGuard	<input type="checkbox"/>	<input type="checkbox"/>
Extended Receiver Tubing	<input type="checkbox"/>	<input type="checkbox"/>
Canal Lock ^{2,3}	<input type="checkbox"/>	<input type="checkbox"/>
Helix Lock ³	<input type="checkbox"/>	<input type="checkbox"/>
Soft Coat	<input type="checkbox"/>	<input type="checkbox"/>

¹ Available for HS model only
² Available for ITC model only
³ Not available for clear coat, dip canal in soft material

STEP 7 - Tragus Angle

Please determine which image best represents the patient's tragus for best microphone alignment.

Tilted tragus Vertical tragus

STEP 8 - Vents

	R	L
Pressure 1.0 MM	<input type="checkbox"/>	<input type="checkbox"/>
1.3 MM	<input type="checkbox"/>	<input type="checkbox"/>
1.6 MM	<input type="checkbox"/>	<input type="checkbox"/>
SAV 2.0 MM	<input type="checkbox"/>	<input type="checkbox"/>
SAV 3.0 MM	<input type="checkbox"/>	<input type="checkbox"/>
Large as Possible	<input type="checkbox"/>	<input type="checkbox"/>
Semi-IROS	<input type="checkbox"/>	<input type="checkbox"/>
Trench	<input type="checkbox"/>	<input type="checkbox"/>

STEP 9 - Canal Length

	R	L
Deep	<input type="checkbox"/>	<input type="checkbox"/>
Long	<input type="checkbox"/>	<input type="checkbox"/>
Medium	<input type="checkbox"/>	<input type="checkbox"/>
Short	<input type="checkbox"/>	<input type="checkbox"/>

(SIDE VIEW)

STEP 10 - Remote Controls

miniPocket™

STEP 11 - Wireless Adaptors

StreamLine™ Mic
 StreamLine™ TV

Special Instructions:



Defaults are in bold.
 Copyright © 2022 Signia is a registered trademark of WSAUD A/S.
 Part #10536366 16.0 06/22 SIV-13976-22

For internal use only

Aids: 1 2 Earmolds: 1 2 Impression: Yellow Blue Pink Peach White Purple Trans Brown Turq Green Org
 Receiver: 1 2 Impressions: 1 2
 Charger: 1 2 Remotes: 1 2 RECEIVED = NJ Bag # _____ ID # _____