

Client Name:

Hearing

Physical Address Required:

Phone:

Email:

Bill to:

Hearing Maintenance Products

(Check Appropriate Boxes)

		Qty.
<input type="checkbox"/> Professional Otoscope	(\$69.95/ea)	_____
<input type="checkbox"/> Hand-Held Hearing Screener	(\$25.00/ea)	_____
<input type="checkbox"/> Adjustable Fit/Hearing Screener	(\$55.00/ea)	_____
<input type="checkbox"/> Audiowipe Disinfectant Towelettes	(\$8.00/ea)	_____
<input type="checkbox"/> Audiologist Choice Ear Wax Drops	(\$8.00/ea)	_____
<input type="checkbox"/> Digital Ear Thermometer	(\$40.00/ea)	_____
<input type="checkbox"/> Digital Amplified Stethoscope	(\$225.00/ea)	_____

Hearing/Ear Charts

(Check Appropriate Boxes)

		Qty.
<input type="checkbox"/> Middle Ear Conditions Chart	(\$17.00/ea)	_____
<input type="checkbox"/> Organs of the Ear Chart	(\$17.00/ea)	_____

Additional Items:

		Qty.
<input type="checkbox"/> Digital Hearing Aid Battery Tester	(\$7.50/ea)	_____
<input type="checkbox"/> Ear Wax Loop & Brush Tool	(\$3.95/ea)	_____
<input type="checkbox"/> Dehumidifer Dri-Brik	(\$9.50/ea)	_____

Special Instructions:

Notice:

The following information should help you fill out this order form properly.

This order form is to be used for:

- 1.) **Ordering any hearing healthcare related items.**
 - a.) Fill out order form completely
 - b.) Provide a physical mailing address (**not a P.O. Box**)
 - c.) Include payment with order (**Visa, Mastercard, Personal or business check**)



***NOTE:** If ordering in "BULK," please contact our office for shipping costs and any further quotations necessary.

Shipping:

- UPS Ground - \$13.00/package
- UPS Expedited - \$35.00/package
- USPS International - TBD

Credit Card:

Exp:
CCV:

Signature:

<p>If shipping by mail, ship to: E.A.R., Inc./Insta-Mold P.O. Box 18888 Boulder, CO. 80308 U.S.A.</p>	<p>If shipping by UPS, Fed Ex, etc. E.A.R., Inc./Insta-Mold 5763 Arapahoe Ave., Unit L Boulder, CO. 80303 U.S.A.</p>
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