

Auftraggeber:

Kommission:

Ansprechpartner:

Datum:

Wunschtermin:

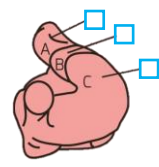
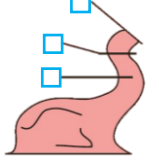
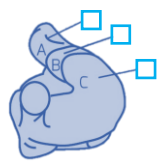



Rückruf erwünscht

Rechts **Otoplastik** **Links**

| Akustische Koppelung | Baupform | Akustische Koppelung | Baupform |
|---|--|---|--|
| Schallschlauch 3,1 <input type="checkbox"/> | Käfig (Open IIC) <input type="checkbox"/> | Schallschlauch 3,1 <input type="checkbox"/> | Käfig (Open IIC) <input type="checkbox"/> |
| Schallschlauch 2,5 <input type="checkbox"/> | Power (Power IIC) <input type="checkbox"/> | Schallschlauch 2,5 <input type="checkbox"/> | Power (Power IIC) <input type="checkbox"/> |
| Starrer Winkel <input type="checkbox"/> | Gehörgangstoplastik (CIC) <input type="checkbox"/> | Starrer Winkel <input type="checkbox"/> | Gehörgangstoplastik (CIC) <input type="checkbox"/> |
| Dry Tube 3,0 <input type="checkbox"/> | Spange kurz <input type="checkbox"/> | Dry Tube 3,0 <input type="checkbox"/> | Spange kurz <input type="checkbox"/> |
| Libby-Horn 3,0 <input type="checkbox"/> 4,0 <input type="checkbox"/> Dry <input type="checkbox"/> | Spange lang <input type="checkbox"/> | Libby-Horn 3,0 <input type="checkbox"/> 4,0 <input type="checkbox"/> Dry <input type="checkbox"/> | Spange lang <input type="checkbox"/> |
| Push-Pull <input type="checkbox"/> | Cymbaotoplastik <input type="checkbox"/> | Push-Pull <input type="checkbox"/> | Cymbaotoplastik <input type="checkbox"/> |
| Thin-Tube | Kralle <input type="checkbox"/> | Thin-Tube | Kralle <input type="checkbox"/> |
| Andere | Ringotoplastik <input type="checkbox"/> | Andere | Ringotoplastik <input type="checkbox"/> |
| | Schale <input type="checkbox"/> | | Schale <input type="checkbox"/> |
| RIC Audio-Service | Schlauchhalterung <input type="checkbox"/> | RIC Audio-Service | Schlauchhalterung <input type="checkbox"/> |
| RIC Phonak | Nugget <input type="checkbox"/> | RIC Phonak | Nugget <input type="checkbox"/> |
| RIC ReSound | Basic- Schale <input type="checkbox"/> | RIC ReSound | Basic- Schale <input type="checkbox"/> |
| RIC Signia | Ausführung | RIC Signia | Ausführung |
| RIC Starky | Standard <input type="checkbox"/> | RIC Starky | Standard <input type="checkbox"/> |
| RIC Widex | Foliendünn <input type="checkbox"/> | RIC Widex | Foliendünn <input type="checkbox"/> |
| RIC Andere | HOKA <input type="checkbox"/> | RIC Andere | HOKA <input type="checkbox"/> |
| RIC Filter Wechselbar <input type="checkbox"/> | Andere | RIC Filter Wechselbar <input type="checkbox"/> | Andere |

Rund-Vent Step-Vent D-Vent Käfig Okkl. Frei Rund-Vent Step-Vent D-Vent Käfig Okkl. Frei

| Ventausführung | Cymbalänge | Zapfenlänge | Ventausführung | Cymbalänge | Zapfenlänge |
|--|---|---|-------------------------------|--|---|
| Open <input type="checkbox"/> |  |  | Open <input type="checkbox"/> |  |  |
| 2,5mm <input type="checkbox"/> | | | | | |
| 2,0mm <input type="checkbox"/> | | | | | |
| 1,5mm <input type="checkbox"/> | | | | | |
| 1,0mm <input type="checkbox"/> | | | | | |
| 0,8mm <input type="checkbox"/> | | | | | |
| Geschlossen <input type="checkbox"/> | | | | | |
| Laut Audiogramm <input type="checkbox"/> | | | | | |
| Andere | | | | | |

| | | | | | |
|-----------------------|---------------------------------------|---|--|--|---|
| Material | 3D Hart <input type="checkbox"/> | Silikon 40 <input type="checkbox"/> | Silikon 60 <input type="checkbox"/> | Thermotec® <input type="checkbox"/> NEU | Thermoflex* <input type="checkbox"/> |
| Oberfläche | Lackiert <input type="checkbox"/> | Softlack <input type="checkbox"/> | Mattiert <input type="checkbox"/> | Sichfläche- Mattiert <input type="checkbox"/> | Farbmarkierung <input type="checkbox"/> |
| Gravur/ Private Label | Serien Nr. <input type="checkbox"/> | Firmenname <input type="checkbox"/> | Logo <input type="checkbox"/> | Laserwunsch (max. 10 Zeichen) | |
| Extras | Ausziehfaden <input type="checkbox"/> | Schlauch einkleben <input type="checkbox"/> | Schlauch mitliefern <input type="checkbox"/> | HF 3 Filter <input type="checkbox"/> | HF 4 Filter <input type="checkbox"/> |

Rechts **Spritzwasserschutz** **Links**

Farbe

| | | | | | | | | | | | | |
|-----------------------------------|--------------------------------------|-------------------------------|-------------------------------|---------------------------------|-------------------------------|------------------------------|-------------------------------|-------------------------------|-----------------------------------|--------------------------------------|-------------------------------|--|
| Rot <input type="checkbox"/> | Blau <input type="checkbox"/> | Grün <input type="checkbox"/> | Gelb <input type="checkbox"/> | Orange <input type="checkbox"/> | Lila <input type="checkbox"/> | Rot <input type="checkbox"/> | Blau <input type="checkbox"/> | Grün <input type="checkbox"/> | Gelb <input type="checkbox"/> | Orange <input type="checkbox"/> | Lila <input type="checkbox"/> | |
| Neonrosa <input type="checkbox"/> | Transparent <input type="checkbox"/> | Bunt <input type="checkbox"/> | | | | | | | Neonrosa <input type="checkbox"/> | Transparent <input type="checkbox"/> | Bunt <input type="checkbox"/> | |

Rechts **Schlafschutz** **Links**

Farbe / Griff

| | | | |
|---|--|---|--|
| Transparent <input type="checkbox"/> Farbe..... | Griff (Stift) <input type="checkbox"/> | Transparent <input type="checkbox"/> Farbe..... | Griff (Stift) <input type="checkbox"/> |
|---|--|---|--|

Bemerkungen/ Wünsche:

Thermoflex* Nur bei Schlauchversorgungen

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