



P C L
PACIFIC COAST LABORATORIES

1031 San Leandro Blvd
San Leandro, CA 94577
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Order # _____ Acct # _____ PO# _____

Users/Patients name: _____

Contact Name: _____

Phone #: _____ Date: _____

RED ITEMS = DEFAULT

Impressions

- ☐ Left ☐ Right
☐ With Helix Lock ☐ No Helix Lock

Earpiece Style

- ☐ Shell
☐ Custom Silhouette/Skeleton
☐ ¾ Shell
☐ Partial Silhouette
☐ ½ Shell
☐ Canal Lock
☐ Invisible
☐ Canal Only
☐ Regular ☐ Metal Ring ☐ Vinyl Ring
☐ ITE
☐ ITC
☐ CIC
☐ _____

Modifications

Parallel Vent

- ☐ None ☐ Small ☐ Medium
☐ Large ☐ S.A.V.
☐ C.F.A. Bore ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ Reverse Curve
☐ Canal to mark
☐ Canal as long as impression
☐ Open CROS
☐ Semi-IROS 1/4 ☐ Semi-IROS 1/2
☐ Build up mold (standard .35MM)
Add . _____ MM

Additional Plugs

- ☐ Solid Plugs (Hearing protection)
☐ Sleeping Plugs (PolySheer Super Soft)
☐ Swim Plugs ☐ Floatable ☐ Handle
☐ Communication Mold
(Silhouette, Open CROS, CFA)
☐ Filtered Plugs (CFA, for interchangeable filters)

Plug Modifications

- ☐ Flex Handle
☐ Cord, Color coded with clip
☐ Initials (2 Max) _____
☐ Imbedded Custom Image
☐ Filtered Vent _____ Ω
☐ Green Filter, Embedded
☐ Extra C.F.A.
☐ Metallic insert (food industry)
☐ Extra Scoop of Concha
☐ _____

Material

- ☐ PolySheer II
☐ PolySheer Super Soft
☐ Lucite
☐ Flex Plastic
☐ _____

Color

- ☐ Solid _____
☐ Flesh Tone (Color: B)
☐ Hypoallergenic, Clear NO dye
☐ w/ Glitter
☐ Silver ☐ Gold
☐ Starburst w/ Base Color:
☐ A (Clear) or ☐ X (White) and up
to 4 letter colors: 1: _____ 2: _____ 3: _____ 4: _____
☐ Ripples w/ Base Color (#'s, R or X): _____
& up to 3 numbered colors:
1: _____ 2: _____ 3: _____
☐ Layered (canal tip is #1)
1: _____ 2: _____ 3: _____

Tubing

Use for CFA or tube through molds

- ☐ Dry X Tube
☐ #13 Medium ☐ #13 Thick
☐ #13 Super Heavy ☐ #15
☐ Libby Horn
☐ Tube Lock
☐ _____

Shipping

USPS

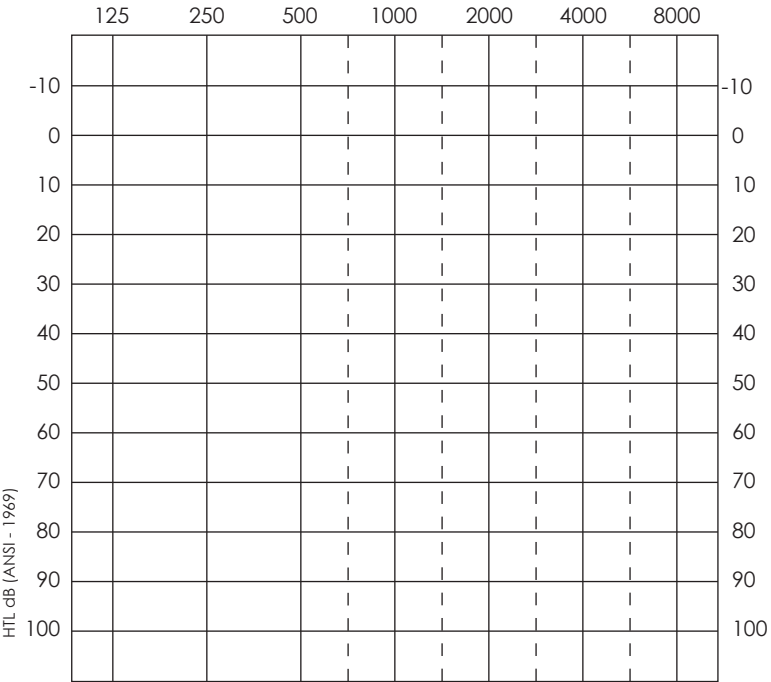
- ☐ Priority (unless noted on Acct.)
☐ First Class

UPS

- ☐ Ground
☐ 3rd Day
☐ 2nd Day
☐ Next Day
☐ Mail Direct
(Please fill in address on back)
☐ Hold for Pick-up
☐ SAME DAY SERVICE
Molds must be received before
10:30AM M-Th

IMPORTANT: Audiogram **MUST** be completed

LEFT – X RIGHT – O Type of test used: _____



Mail Direct Address

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

SPECIAL INSTRUCTIONS