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|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sound XC S M P SP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Slim Tip Hard <input type="checkbox"/> Slim Tip Myk <input type="checkbox"/> cShell <input type="checkbox"/> Titan <input type="checkbox"/> | Kort kanal <input type="checkbox"/> Normal kanal <input type="checkbox"/> Lang kanal <input type="checkbox"/> | Kanal <input type="checkbox"/> Kanal m/vinge <input type="checkbox"/> Silhuett <input type="checkbox"/> Helskall <input type="checkbox"/> Halvskall <input type="checkbox"/> 3/4 Skall <input type="checkbox"/> |
| Sound SHD xS xP xUP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Hard <input type="checkbox"/> cShell <input type="checkbox"/> Titan <input type="checkbox"/> | | |
| Soul Business 3G S M P HP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |

Ventilasjon: _____ mm / Åpen Receiverlengde: 0 1 2 3
Leveres med uttrekkstråd på kanal og Cerustop voksfiler som standard.

Sendes Høresentral
 Sendes Forhandler
 Sendes Pasient

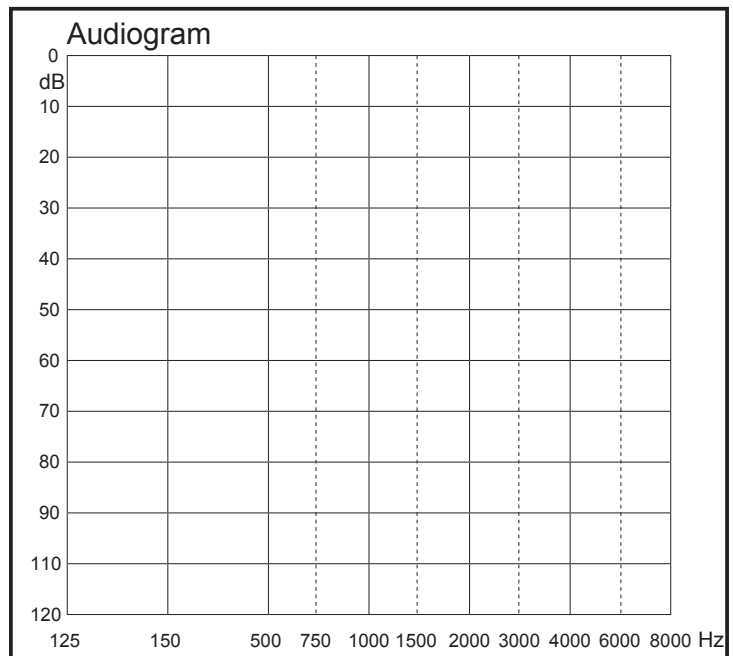
Høyre
 Venstre

Dato: _____

Ny Time: _____



Postboks 4
 2712 Brandbu
 61 32 90 50



| | |
|-------------------------|-------|
| Forhandler: | |
| Rekv. Høresentral/Lege: | |
| Sign: | |
| Pasientens navn: | Født: |
| Adresse: | |
| NAV kontor: | |
| Merknad: | |