

FUTURE SONICS IMPRESSION INSTRUCTIONS AND CUSTOM PRODUCTS ORDER FORM**INFORMATION FOR THE CLIENT:**

The Future Sonics custom Ear Monitors® brand and custom ear mold products are precision instruments which can only be properly manufactured from precise ear mold impressions / prints (**Silicon Material Only**) by our custom manufacturing facility. To insure that you experience the optimum performance and most reliable service from your product, and to receive prompt and correct delivery of your order, it is **important to read this thoroughly and fill out the form** included. Future Sonics will not warranty custom products from impressions not taken following the instructions below.

STEPS TO ORDERING CUSTOM PRODUCTS:

- 1) Locate an Audiologist to make impressions of your left and right ears. Audiologists are as close as your local yellow pages. If you have a problem locating these services, please call Future Sonics at +1-215-826-8826, we would be happy to assist you. Fees for impressions are your responsibility. Ask when you call them, as these fees may vary from region to region and Audiologist to Audiologist.
- 2) Have a set of silicone impressions made for your left and right ears. Using silicone impression material and a "bite block". A bite block is usually a sterile hard foam pad placed between the upper and lower teeth, to hold the jaw open about ¾" while the impression material cures. This is an important step as the soft cartilage just past the first directional bend, increases in volume (size) when the jaw is open. Do not open and close your mouth while the material cures.)
- 3) It is recommended to have a hearing test / screening at least once a year as part of your hearing health. Consider these options when visiting your local Audiologist or Hearing Healthcare Professional.
- 4) Completely fill out the enclosed form. Please print the person's complete name for the impressions, color etc. Incomplete information may delay the process.
- 5) Carefully pack and ship your impressions and a copy of the form to us. This form may be transmitted to us via email but be sure to include a copy with each set of impressions sent. Be sure the impressions are in a secure cardboard box so they don't get crushed. You are responsible for shipping costs.
- 6) Make contact! We will contact you when your impressions arrive to arrange payment.

INSTRUCTIONS FOR THE AUDIOLOGIST:

- 1) Observe recognized procedures for otoscopic examination of the ear and be certain to screen the client's ear canal for contraindication.
- 2) Insert an oto-block slightly beyond the second directional bend.
- 3) Use only silicone impression material. Impressions will not be processed from powder and liquid type materials.
- 4) Please use a "Bite Block" to hold the clients jaw open about ¾ inch (1st lower rung) while the impression cures.
- 5) Syringe the impression material into the ear. Be careful to fill the canal up to the second directional bend and fill the concha completely. Be sure to over-fill the ear between the tragus and helix area. Provide ample time for the impressions to cure.
- 6) **Impressions must not contain cracks, ripples or voids.**
- 7) Complete all information on the Order Form page (i.e.: color and full name etc.) to insure correct and prompt processing. Incomplete forms will result in a processing delay.
- 8) Carefully pack impressions in a crush resistant box and this form (one form for each client) to process this order.

PROFESSIONAL FEES: Professional fees for Audiologist examination, impressions and Audiologist services are the responsibility of the client and payable directly to the Audiologist for services rendered.

SHIPPING: Client is responsible for all shipping charges. Packing and shipping costs incurred by the Audiologist should be billed directly to the client. Please ship impressions promptly.

SHIP IMPRESSIONS TO: **FUTURE SONICS, Inc.**
416 GREEN LANE, SUITE #2
BRISTOL, PA 19007 USA
TELEPHONE: +1-215-826-8826

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CUSTOM PRODUCT ORDER FORM

Future Sonics will not warranty fit for custom products made from impressions not in accordance with the directions set forth in this document. A copy of a completed form must be included with each set of impressions.

Send completed form(s) & impressions to:

Future Sonics Inc. • 416 Green Lane Suite 2 • Bristol, PA 19007 • USA
 +1-215-826-8826 • ClientServices@FutureSonics.com • www.FutureSonics.com

DATE: _____ ORDER NUMBER: _____

CLIENT NAME: _____ NAME CLIENT WOULD LIKE ENGRAVED ON CASE: _____

AUDIOLOGIST INFORMATION:

Name of Audiologist _____
 Name of Firm _____
 Address _____
 City _____ State _____
 Zip _____ Country _____
 Phone # _____
 Fax # _____
 Email: _____

IMPORTANT AUDIOLOGIST QUESTIONS FOR CLIENTS:

Was your hearing tested at this visit? YES _____ NO _____

Do you have ringing in your ears? YES _____ NO _____

Are you sensitive to sound? YES _____ NO _____

Do you wear earplugs in noisy environments? YES _____ NO _____

AUDIOLOGIST NOTES: (Use back of form if necessary)

BILL TO:

Name _____
 Company _____
 Address 1 _____
 Address 2 _____
 City _____ State _____
 Zip _____ Country _____
 Phone # _____
 Fax # _____
 Email _____

SHIP TO: Same as bill to

Name _____
 Company _____
 Address1 _____
 Address2 _____
 City _____ State _____
 Zip _____ Country _____
 Phone# _____
 Fax # _____
 Email _____

PAYMENT INFORMATION

VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ DISCOVER _____

FULL NAME ON CARD _____ EXP DATE _____

CREDIT CARD # _____ - _____ - _____ - _____

3 DIGIT SECURITY CODE (4 DIGIT AMEX) _____ ZIP CODE (must match bill to:) _____


FUTURE SONICS WILL NOT PROCESS PAYMENT UNTIL YOUR CUSTOM PRODUCT ORDER IS COMPLETE. HOWEVER, WE WILL NOT BEGIN MANUFACTURING YOUR CUSTOM PRODUCT IF WE DO NOT RECIEVE PAYMENT INFORMATION. TO ENSURE YOUR ORDER IS NOT DELAYED, PLEASE MAKE SURE YOUR BILL TO ADDRESS MATCHES YOUR CREDIT CARD BILL TO ADDRESS. ANY QUESTIONS, PLEASE CALL.

CUSTOM PRODUCTS REQUESTED
 (1st Step - Select Model - New model information available at: www.FutureSonics.com)


(13mm) **MG6 HX™** (HELIX VENT) (10mm) **MG5 HX™** (HELIX) (13mm) **mg6 pro™** (SELECTABLE VENT)

(13mm) **MG6 FX™** (FACEPLATE VENT) (10mm) **MG5 FX™** (FACEPLATE) **Softerwear™ Sleeves** (Spectrum Series G10)

EAR MONITORS®
 (2nd Step - Select Color)

HX Vent  (Maximum Isolation)

Clear _____ Red _____ Pink _____ Orange _____
 Smoke _____ Blue _____ Green _____ Purple _____
 Blue L / Red R _____ Beige _____ Black _____ White _____

FX Vent  (Slight Ambience)

Special Order: _____
