

Box _____ Date Received by PHI _____

Invoice _____

NOISE PLUG ORDER FORM



Mr _____
 Ms _____
 Mrs _____
 Miss FIRST NAME SURNAME

Date ordered: _____ Date required: _____ Please allow Five working days in house

Clinician: _____ Telephone: _____

Silicone Canal Tip (CT)

P1 A - (9-11dB) **WHITE** Filter

P1 B - (10-12dB) **GREEN** Filter

P1 C - (11-13dB) **RED** Filter

P1 D - (12-14dB) **ORANGE** Filter

P1 E - (13-15dB) **YELLOW** Filter

P2 - (15-17dB) 1mm bore

P3 A - (16-18dB) 1mm bore + **GREEN** Filter

P3 B - (18-20dB) Solid

Noisy Neighbour - (18-20dB)
Solid in soft material

Removal Line - standard

Colour marking - standard

OR

Silicone Full Shell (FS)

P2 - (16-18dB) 1mm bore, short canal

P3 A - (17-19dB) 1mm bore, long canal

P3 B - (19-22dB) 1mm bore, **GREEN** Filter + long canal

P4 - (22-25dB) Solid

Removal Handle - standard
(room permitting)

Colour Marking - standard



Adjustable Neckcord



Removal Handle



Removal Line

(Please specify) *Note: Translucent flesh colour standard if no colour specified!*

	COLOURS		CLEAR ONLY with	
One Colour ↳ <input type="checkbox"/>	<input type="checkbox"/> PINK	<input type="checkbox"/>	★ GLITTER	
	<input type="checkbox"/> RED	<input type="checkbox"/>		
Two Colours ↳ <input type="checkbox"/>	<input type="checkbox"/> ORANGE	<input type="checkbox"/>	<input type="checkbox"/> PINK	<input type="checkbox"/>
	<input type="checkbox"/> YELLOW	<input type="checkbox"/>	<input type="checkbox"/> RED	<input type="checkbox"/>
	<input type="checkbox"/> GREEN	<input type="checkbox"/>	<input type="checkbox"/> ORANGE	<input type="checkbox"/>
Three Colours ↳ <input type="checkbox"/>	<input type="checkbox"/> BLUE	<input type="checkbox"/>	<input type="checkbox"/> YELLOW	<input type="checkbox"/>
	<input type="checkbox"/> PURPLE	<input type="checkbox"/>	<input type="checkbox"/> GREEN	<input type="checkbox"/>
	<input type="checkbox"/> BEIGE	<input type="checkbox"/>	<input type="checkbox"/> BLUE	<input type="checkbox"/>
	<input type="checkbox"/> BLACK	<input type="checkbox"/>	<input type="checkbox"/> PURPLE	<input type="checkbox"/>
	<input type="checkbox"/> WHITE	<input type="checkbox"/>	<input type="checkbox"/> BLACK	<input type="checkbox"/>
	<input type="checkbox"/> SILVER	<input type="checkbox"/>	<input type="checkbox"/> SILVER	<input type="checkbox"/>
	<input type="checkbox"/> GOLD	<input type="checkbox"/>	<input type="checkbox"/> GOLD	<input type="checkbox"/>
	<input type="checkbox"/> FLUORO PINK	<input type="checkbox"/>	<input type="checkbox"/> MULTI-COLOURED	<input type="checkbox"/>
	<input type="checkbox"/> FLUORO RED	<input type="checkbox"/>		
	<input type="checkbox"/> FLUORO YELLOW	<input type="checkbox"/>		
	<input type="checkbox"/> FLUORO GREEN	<input type="checkbox"/>		
	<input type="checkbox"/> FLUORO BLUE	<input type="checkbox"/>		

In normal light, these are pale in colour. In the dark, they fluoresce!

OPTIONAL EXTRAS:

Adjustable Neckcord (must have handle) **Name/ID in plug (room permitting)**
Clear Canal

Name/ID on Neckcord tag

Required Name/ID: _____

Neckcord colour: FLUORO PINK FLUORO YELLOW
 WHITE BLACK (standard black if nothing selected)

These are what we term 'industrial' noise plugs.
 Choose to use these plugs when the only concern is noise protection.

If you are looking for a noise plug for a musician, then you need to use our 'Musician Noise Plug Order Form' as there is a significant difference in attenuation characteristics between the two styles. As with all noise plugs, canal length is critical, so the longer the better.

Account To: _____ Ship To: _____

PLEASE SEND VIA (PLEASE TICK)
 POST EXPRESS POST COURIER
 Unless indicated otherwise, all orders will be returned via Australia Post.

ABN: _____

Special requests: _____

Material Reference Chart

Colour or Glitter	Removal Line	Removal Handle	Adjustable Neckcord (name in tag)	Name/ID in plug	Lacquer Finish	R/L Colour Marking
Yes	Yes	No	No	Yes <i>Room permitting</i>	Standard	Standard
Yes	Yes	Yes	Yes	Yes <i>Room permitting</i>	Standard	Standard

Silicone Canal Tip

Silicone Full Shell

Part Number Left _____

Part Number Right _____