

HearPod Toll-Free Fax Order Form

please fax to: 800 409-5128

1) SELECT YOUR MODEL AND SIZE:

- EzPod 4-channel** Buy now \$495
*Standard Wheel Volume Control • Fits large-size ear canals
- MiniPod 4 channel** Buy Now \$695
*Standard Set Screw Volume Control • Fits medium to large ear canals
- MicroPod 4-channel** Buy now \$795
*Standard Set Screw Volume Control • Fits small to large ear canals (Open Fit)
- InvisiPod 4-channel** Buy now \$895
Directional Microphone Open Fitting
 *Standard Set Screw Volume Control • Fits all sizes of ear canals (Dir-Open Fit)
- EZPod Canal 32 channel** Buy Now \$695
*Standard Wheel Volume Control • Fits large-size ear canals
- MiniPod 32 channel** Buy Now \$895
*Standard Set Screw Volume Control • Fits medium to large ear canals
- MicroPod 32-channel (Pre- Programmed)** Buy Now \$895
*Standard Set Screw Volume Control • Fits small to large ear canals (Open Fit)
- MicroPod 32-channel (Custom Programmed)** Buy Now \$995
*Standard Set Screw Volume Control • Fits small to large ear canals (Open Fit)
- InvisiPod 32 channel (Pre-Programmed)** Buy Now \$995
Directional Microphone 32-channel Open Fitting
 *Standard Set Screw Volume Control • Fits all sizes of ear canals (Dir-Open Fit)
- InvisiPod 32 channel (Custom Programmed)** Buy Now \$1095
Directional Microphone 32-channel Open Fitting
 *Standard Set Screw Volume Control • Fits all sizes of ear canals (Dir-Open Fit)

Please Choose: **Left Ear (1x)** **Right Ear (1x)** **Both Ears (2x)**

ADD \$

2) Select Extended One Year Warranty (optional)

Left Ear (Add \$98) **Right Ear (Add \$98)** **Both Ears (Add \$196)** **ADD \$**

SUBTOTAL \$

Enter Promotional Code: _____ \$ _____

TOTAL \$

- All 4 channel models except MicroPod come standard with 4 push button programs: Conversation/Entertainment/Music/Telephone.
- All HearPod hearing aids are 100% digital and are delivered programmed with your hearing loss prescription. Please see your doctor and fax, email or input the values of your hearing loss on our check-out form.

Buy Now and Get!!

- Free supply of batteries during special promotions (a \$75 - \$150 value)
- Custom programming for my unique hearing loss using your audiogram (a \$397 value)
- The ability to fine tune the HearPod to your hearing needs (a priceless value).
No more back and forth and reprogramming needed.
- 6 FREE silicone pillow tips with initial order (a \$20 value)
- Free instructional online videos (saves \$1000's value)
- Free UPS ground shipping: (a \$10.00 Value)
- Free certificate for a custom fit mold for all 32 channel HearPods (a \$129-\$258 value)
- A full no-questions-asked 45 day money back guarantee (If you don't agree that this is the single smartest decision You've made to improve your hearing you can return and ask for a full refund or a credit toward another HearPod.)

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4) AUDIOGRAM:

If you have an audiogram, please fax it with this order form or e-mail it to

customerservice@myhearpod.com

If you prefer, you can enter the values from your audiogram in the spaces below.

	250 HZ	500 HZ	1000	2000	4000	8000
Left						
Right						

Please select the audiogram for your Pre-Programmed HearPod. It IS REQUIRED that you choose one of the three Audiograms that is the closest match to your hearing loss:

1. Moderate High-Frequency Loss
2. Moderate-Severe High-Frequency Loss
3. Moderate-Severe Uniform Loss

5) STATEMENT OF WAIVER OF MEDICAL EVALUATION:

Following FDA regulations, we ask you to agree to this waiver before purchasing your hearing aids.

I state that either:

1) I have been given a hearing evaluation by a licensed physician and have been given a recommendation for a hearing aid,

OR,

2) I am hereby advised by HearPod, that the Food and Drug Administration has determined that my health interest would best be served if I had a medical evaluation by a licensed physician prior to being fit with hearing device(s).

I am stating that I am choosing to decline this recommendation for an evaluation. I believe in my own judgment that I am qualified as a candidate for hearing aids.

I also understand that in accordance with Food and Drug Administration regulations, this statement will be kept on file by HearPod for a period of three years from this date.

By including my full name, address, phone number, and e-mail address when ordering HearPod I state that I have read, understood and agreed to this waiver, and that I am at least 21 years of age.

I also agree to abide by the laws, if any, in my locale, state and/or country with regard to internet purchases of hearing aids.

Name (Print) _____ Name (Sign) _____

Date _____

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7) ORDER TOTAL, PAYMENT INFORMATION AND SHIPPING

Model and Size: Subtotal (section 1)	\$
Options: Subtotal (section 3)	\$
Shipping Method Please select one:	
<input type="checkbox"/> USPS Ground — Free Allow 5-7 days for delivery	N/A
<input type="checkbox"/> UPS Second Day — \$25.00 Allow 2-3 days for delivery	\$
TOTAL	\$

Special Instructions

Cardholder Name
Credit Card Number
CVV Number (security number from back of card)
Expiration Date (month / year)
Credit Card Type <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX
Billing— Street Address
Billing— City, State, Zip Code
SHIP TO — Name
SHIP TO — Street Address
SHIP TO — City, State, Zip Code

E-mail

Telephone

Signature

Date