

Please fill out the following information, print and include this form with your ear impressions shipment.

Full Name: _____

Email: _____

Phone: _____

Have you already placed your order online? Yes ____ No ____

Did you go to a recommended audiologist? Yes ____ No ____

Name of Audiologist Office you went to: _____

Name of Audiologist that took your impressions: _____

If you've purchased a Rush Order, you must write "RUSH" on all sides of the shipping box to ensure expedited processing.



*** Please make sure to send your impressions within a month of getting them made. Impressions material might change over time and possible affect the fit of the in ear monitors.**

Additional Notes:

Please mail to: **64 Audio**
2811 E. Evergreen Blvd
Vancouver, WA 98661, USA