



Complete this form and mail to:  
**Songbird Hearing, 170 North Cypress  
Way, Casselberry, FL 32707**

**BILLING Information**

Name:   
Address 1:   
Address 2:   
City:   
State:  Zip code:   
Phone: (  )  -   
Email:

**SHIPPING Information** (if different from shipping)

Name:   
Address 1:   
Address 2:   
City:   
State:  Zip code:   
Phone: (  )  -   
Email:

**Songbird Hearing Aid Order Information**

Single: **Songbird Ultra 2.0** \$ 495   
*Pair: Discounted* \$ 940   
Single: **Songbird Air** \$ 850   
*Pair: Discounted* \$ 1,650   
Shipping & Handling \$ 15  \$ 15  
**HEARING AID ORDER TOTAL** \$

**Accessory Order Information**

2 Tubes/Tips for Ultra 2.0 **LEFT** \$ 20   
2 Tubes/Tips for Ultra 2.0 **RIGHT** \$ 20   
8 Ultra 2.0 Batteries \$20   
2 Air Replacement Wax Guards \$40   
8 Air Batteries \$20   
Shipping & Handling \$ 8  \$ 8  
**ACCESSORY ORDER TOTAL** \$

**Method of Payment**

Check or Money Order:  (include with your order)  
or Credit Card:   
Name on Card:   
Credit Card #:   
Expire Date:   
Security Code:   
Signature:

**Medical Waiver:** By signing and sending this form I have been advised by Songbird Holdings, LLC that the Food and Drug Administration has determined my best health interest would be served if I obtain a medical evaluation by a licensed physician, preferably one who specializes in diseases of the ear, before purchasing a Hearing Device. I do not wish a medical evaluation before purchasing a Hearing Device.