

The following images are meant for reference purposes only. We will not accept impressions that are already pre-trimmed.  
Impressions must include all key areas to be usable for custom earplugs.

## MULTIPLE ANGLED EXAMPLE OF GOOD IMPRESSIONS

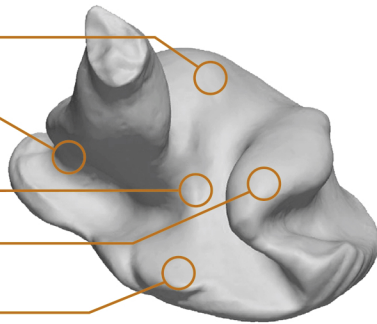
BOWL

TRAGUS

CRUS OF HELIX

CYMBA

EXTRA MATERIAL



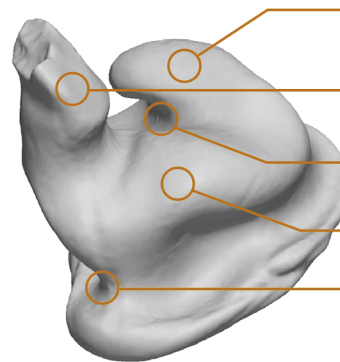
CYMBA

2<sup>ND</sup> BEND

CRUS OF HELIX

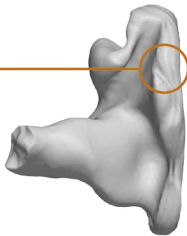
BOWL

TRAGIC NOTCH

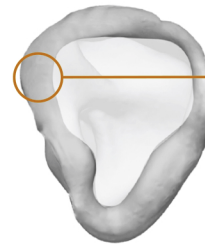


WE REQUIRE EXTRA MATERIAL OUTSIDE OF  
THE EAR ABOVE THE TRAGUS

EXTRA MATERIAL

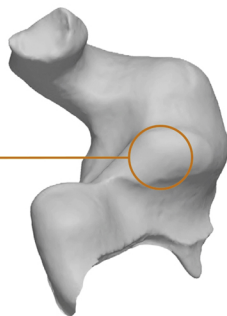


EXTRA MATERIAL

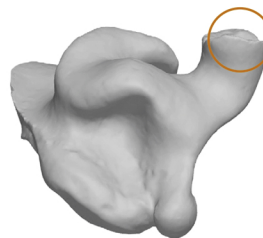


## ⚠️ EXAMPLES OF BAD IMPRESSIONS ⚠️

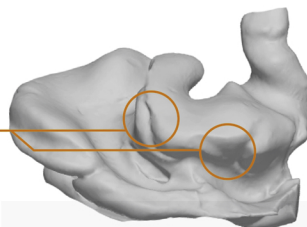
MISSING CYMBA



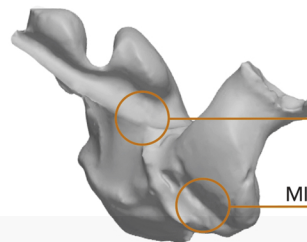
CANAL DOESN'T GO  
PAST 2<sup>ND</sup> BEND



MISSING BOWL



MISSING CRUS OF HELIX



MISSING TRAGUS/TRAGIC NOTCH

1. A full impression is required of each ear. It must include the full helix, crus of the helix, tragus and antitragus.  
**IMPORTANT NOTE: The impression must be taken completely PAST the second bend of the ear canal.**  
(Be sure to examine the ear canal for any obtrusions or inflammation.)
2. We require an impression made of silicone material and we recommend high viscosity impression material.
3. The impression must be an OPEN MOUTH TYPE. Use a 1-2" bite block during the impression process to reduce jaw movement. This will yield a better seal in the final product.

Customer: After you receive the impressions please mail boxed impressions to:

**EARMEDICAL**

**MEGALOU ALEXANDROU 21**

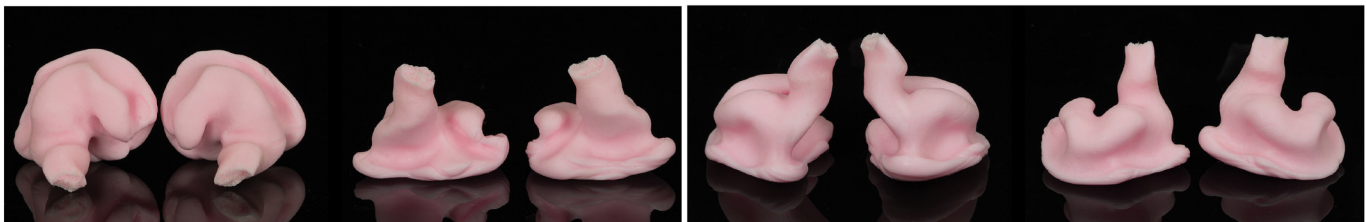
**41222, LARISA, GREECE, +30 2410250230**

Be sure to include your filled out Impressions Packing Slip with your impressions.

**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 earplugs.**

4. **If you are unsure whether the impression matches our needs, please email us pictures and we will**

Please email the pictures to [orders@soundzcustom.com](mailto:orders@soundzcustom.com). Pictures should be from multiple angles and detailed in good resolution



For questions or concerns about these instructions, please contact our support services.

**ATTN. AUDIOLOGISTS:**

Do you want Soundz to refer local customers to you?

Please provide contact information on the right and we will add you to our database

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Email: \_\_\_\_\_