

Step 1: Customer Information

Ship To Account:

Address: _____
 City: _____
 State: _____ Zip: _____

Bill To Account:

Third Party Patient Number: _____
 Date: _____
 Purchase Order Number: _____
 Contact Name: _____
 Phone Number: _____
 Email Address: _____

Step 2: Patient Information

Last Name: _____
 First Name: _____
 Age: _____ Gender: _____

Is this patient order being fully or partially paid for by state or federal government funds? Yes No

Audiogram (Required for AOV):

	HZ	250	500	1K	2K	3K	4K
Left:	AC						
Right:	AC						

Step 3: HI Warranty/Rush Options

- 2nd year 3rd year 4th year 24-hour service (\$64.99)

Shipping & Handling Options*

- Next Morning (\$32.99) 2 Business Days (\$20.99)
 Next Afternoon (\$21.99) 3-5 Business Days (\$19.99)

* Based on location and courier

Step 4: Hearing Instrument Selection

Technology Level				Side		Instrument	Shell Style						Power				PB		VC		TC			
90	70	50	30	L	R		IIC	CIC	MC	ITC	HS	FS	M	P	SP	UP	Yes	No	L	R				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Virto B-13					<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	CROS B-13 ¹					<input type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

¹ CROS B devices compatible w/ wireless Virto B directional devices only

O = Omni S = Standard PB = Push Button VC = Volume Control TC = Telecoil

Step 5: Product Options

Shell Color: Pink Tan Cocoa Brown Blue/Red Transparent Transparent

Faceplate Color: Pink Tan Cocoa Brown

Vent Size: AOV (Std. Audiogram required) Other: Left _____ Right _____ None

Wax System: Cerustop Ext. Receiver tube Wax Spring None

Removal Options: Transparent Line Removal Notch

Other Options: Canal Lock^{2,3} Skeleton Lock^{2,3} Helix Lock^{2,3} Raised VC Canal Bell No Helix

² Chargeable ³ Same color as shell

Step 6: Accessories (Wireless Products Only)

- ComPilot II/TVLink II Bundle TVLink II
 ComPilot II

Step 7: Preferences

If necessary, may we change the following: Please call

Yes	No	Yes	No	To Keep requested size:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Change VC Size/Drop VC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Change power level
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drop Telecoil

Step 8: Special Instructions

All of our products, including custom products and spare parts, can be ordered online in the Phonak store. Sonova USA Inc. is not responsible and assumes no liability for any non-Phonak manufactured device or accessory sent by you to Phonak. Please ensure that you only include Phonak devices and accessories herein. Products, options and accessories are subject to change without notice.

Internal use only: S B R1 R2 L1 L2
 PNK BLU YLW FLS GRN PRP WHT TRQ