## **PHONAK**

## Phonak CROS Product Order Form Phone: 905-677-1167 or 1-800-876-1167 Fax: 905-677-7536 or 1-800-814-5799

Date: / /		Attention to (at Phonak):	
Ship to Account Number: Phone#: Company Name: Address: Contact Name (Audiologist/Dispenser):		Bill to Account Number: Phone#: Company Name: Address:	
Client Information M F Changes may be made without calling  User Name: Last  (Please print)  First  Date of Birth:  DD MM Year  Step 1: Specify Transmitter		Claim Type: OVAC ONIHB ORCMP OWCB-AB OWS-BC OWCB-MB OWSIB OAADL Claim # (Required):	
		Receiver device for the aidable ear (RX)	
Phonak CROS (BTE) (Move to Step 2)	Phonak CROS 312 (Move to Step 4)  Phonak CROS 13 (Move to Step 4)		R
(INIOVE to Step 2)	(iviove to step 4)	(Move to Step 6)	(Move to Step 7)
Step 2: BTE Transmitter Retention Opt  L R CROS SlimTube  O  Indicate CROS SlimTube Length 0-3	R Custom CROS Tip (Hard only)  Indicate CROS Tip Tube Length 0-3  L R Extra Canal Length L R Canal Lock	Step 6: BTE Receiver for CROS or BiCROS  Phonak Wireless BTE  BTE Type:  Colour:  (Refer to Phonak Price & Policy)  Phonak Wireless RIC  RIC Type:  Colour:  (To order a Custom Tip for the RIC Receiver please use the Phonak Custom Tip Order Form)	☐ Phonak Wireless ITE  (To order the ITE Receiver please use the Spice+ Custom Order Form or the Phonak Virto ℚ Order Form)
Step 3: BTE Transmitter Colour Selection		⚠ Ear impression required for custom parts	
Phonak CROS Colour  Colour:*  *Please refer to the Phonak CROS section in the Phonak Price and Policy for colour options  Step 4: In-the-ear Transmitter Phonak	Shell Colour  S L S R Clear  CROS 312 & Phonak CROS 13	Step 8: Special Instructions	
□ L □ R CROS 312 □ L □ R CROS 13	Shell Style  ITC HS FS Shell style can be changed if ear canal is too small		
Face Plate Colour	Shell Colour		
S L S R Pink □ L □ R Cocoa □ L □ R Brown	S L S R Pink □ L □ R Clear □ L Blue □ R Red		S
Options — — — — — — — — — — — — — — — — — — —			
	<ul><li>S R TacTronic Switch</li><li>L □ R No TacTronic Switch</li></ul>		