

Date: \_\_\_ / \_\_\_ / \_\_\_  Rush order in 48hr PO#: \_\_\_\_\_ Attention to  
DD MM Year (\$40.00 charge) (at Phonak):

### Ship to Account Number:

Phone#: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Name (Audiologist/Dispenser): \_\_\_\_\_

**SHIP TO**

### Bill to Account Number:

Phone#: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

**BILL TO**

### Client Information M F Changes may be made without calling

User Name: Last          
(Please print)  
 First          
 Pediatric Date of Birth: \_\_\_ / \_\_\_ / \_\_\_  
DD MM Year

Claim Type:  VAC/RCMP/DND  HC (NIHB)  REGIE (RAMQ)  
 CNESST  WSIB (ON)  WorkSafe BC  WCB Alberta  
 WCB Manitoba  WCB Saskatchewan  WCB Yukon  
 WHSCC (NL)  Eastern Health  
 Other: \_\_\_\_\_  
 Claim # (Required): \_\_\_\_\_

### Step 1: Specify CROS B Transmitter

#### Transmitter for the unaidable ear (TX)

<input type="checkbox"/> Phonak CROS B 312* <small>*N/A for Audéo B-Direct</small>	OR	<input type="checkbox"/> Phonak CROS B 13* <small>*N/A for Audéo B-Direct</small>	OR	<input type="checkbox"/> Phonak CROS B-R* <small>*Audéo B-R only</small>
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### Step 4: Specify Belong Receiver

#### Receiver device for the aidable ear (RX)

<input type="checkbox"/> Belong RIC	OR	<input type="checkbox"/> Belong BTE	OR	<input type="checkbox"/> Audéo B-R* <small>*CROS B-R only</small>
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### Step 2: CROS Transmitter Retention Option

<input type="checkbox"/> L <input type="checkbox"/> R CROS SlimTube	OR	<input type="checkbox"/> L <input type="checkbox"/> R Custom CROS Tip (Hard only)	OR	<input type="checkbox"/> L <input type="checkbox"/> R CROS Tone Hook (For CROS B 13 only)
Indicate CROS SlimTube Length 0-3	Indicate CROS Tip Tube Length 0-3	Use Earmold Order Form		
<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> L <input type="checkbox"/> R			
Indicate CROS Tip Special Options				
<input type="checkbox"/> L <input type="checkbox"/> R Extra Canal Length				
<input type="checkbox"/> L <input type="checkbox"/> R Canal Lock*				
<input type="checkbox"/> L <input type="checkbox"/> R Skeleton Lock*				
<small>*Impression Required</small>				

### Step 5: BTE/RIC receiver for CROS or BiCROS

<input type="checkbox"/> Audéo B-RIC <input type="checkbox"/> Sky B-RIC	<input type="checkbox"/> Bolero B <input type="checkbox"/> Sky B	
<input type="checkbox"/> Naída B		
Technology Level: <input type="checkbox"/> B90 <input type="checkbox"/> B70 <input type="checkbox"/> B50 <input type="checkbox"/> B30	Technology Level: <input type="checkbox"/> B90 <input type="checkbox"/> B70 <input type="checkbox"/> B50 <input type="checkbox"/> B30	Technology Level: <input type="checkbox"/> B90 <input type="checkbox"/> B70 <input type="checkbox"/> B50
RIC Type: <input type="checkbox"/> 10* <input type="checkbox"/> 312* <input type="checkbox"/> 312T* <input type="checkbox"/> 13	BTE Type: <input type="checkbox"/> M* <input type="checkbox"/> P* <input type="checkbox"/> SP <input type="checkbox"/> UP	Colour: _____ <small>(To order a Custom Tip for the RIC Receiver please use the Phonak Custom Tip Order Form)</small>
Colour: _____ <small>(To order a Custom Tip for the RIC Receiver please use the Phonak Custom Tip Order Form)</small>	Colour: _____ <small>(To order a Custom Tip for the RIC Receiver please use the Phonak Custom Tip Order Form)</small>	
<small>*N/A for Sky B-RIC</small>	<small>*Bolero B &amp; Sky B only</small>	

**⚠ Ear impression required for custom tips**

### Step 3: BTE Transmitter Colour Selection

Phonak CROS B Transmitter Colour  
 Colour: \* \_\_\_\_\_  
\*Please refer to the Phonak Belong section in the Phonak Price and Policy for colour options

### Step 6: Special Instructions
