

Phonak CROS P Order Form

STEP 1: General Information

Date: ____ / ____ / ____
DD MM Year

Rush Order
in 48hr
(\$40 charge)

PO#: _____ Attention to _____
(at Phonak): _____

Ship to Account Number:

Phone#:

Company Name:

Address:

Contact Name (Audiologist/Dispenser):

Bill to Account Number:

Phone#:

Company Name:

Address:

SHIP TO

BILL TO

Patient Information

First Name:

Last Name:

Claim Type

- AADL BCEHP CNESST Eastern Health Greenshield Manitoba Health
Nisga'a ODSP REGIE Supp.Health VAC,DND,RCMP,ISC(NIHB) WCB-AB
WCB-MB WCB-NS WCB-SASK WCB-Yukon Workplace NL,WS,NB, WCB PEI
WS-BC WSIB Other: _____
(Please Specify)

Claim # (Required): _____

STEP 2: Specify CROS P Transmitter

Transmitter for the unaidable ear



OR



CROS P-13

CROS P-R

Colour (both devices):

- Silver Grey (P6) Sand Beige (P1) Champagne (P5)
 Chestnut (P4) Sandalwood (P3) Beige (H0)
 Graphite Grey (P7) Velvet Black (P8)

STEP 3: Specify Paradise Device

Receiver device for the aidable ear



OR



OR



Audeo P-13T

Compatible with CROS P-13

Audeo P-R

Compatible with CROS P-R

Audeo P-RT

Technology (Paradise RIC):

- P90 P70 P50 P30

STEP 4: CROS P Transmitter Retention Options

CROS Slim Tube 4.0

- Left
 Right

_____ Tube Length (0-3)

Dome Size (Open)

- Small
 Medium
 Large

Custom CROS Tip

- Left
 Right

_____ Tube Length (0-3)

CROS Tip Colour

- Clear
 Pink
 Red/Blue

CROS Tip Options

- Extra canal length
 Skeleton lock
 Canal lock

Special Instructions:

STEP 5: Paradise Device Retention Options

Receiver 4.0

- Left
 Right

- S Receiver
 M Receiver
 P Receiver
 UP Receiver

_____ Receiver Length (0-3)

Dome Type

- Cap
 Open
 Vented
 Power

Dome Size

- Small
 Medium
 Large

To order a Custom Tip for the Paradise Device or the CROS P Transmitter, please use the Phonak Custom Tip 4.0 Order Form

STEP 6: Additional Options

Please send the following accessories

