

Serenity Choice Plus Order form

Date: ____ / ____ / ____
DD MM Year

PO#: _____

Attention to
 (at Phonak): _____

Step 1 General Information

Ship to Account Number:

Bill to Account Number:

Phone#:

Company Name:

Address:

Contact Name (Audiologist/Dispenser):

Changes can not be made without calling

User Name: Last

First

Replica of previous earmold – serial #

Note: Rush orders are not available for custom hearing protection

Step 2 Configuration

	FILTER	MODEL	MATERIAL	REMOVAL OPTIONS
<input type="checkbox"/> Sleep	n.a	CU Canal Mold	Silicone 108-3045	Removal Handle (Std)
<input type="checkbox"/> Swim	KR5	SU Full Shell	Silicone 108-3038	<input type="checkbox"/> RF Removal Line Transp. <input type="checkbox"/> RFE Removal Line Transp. Ext.
<input type="checkbox"/> Comfort	KM10	CU Canal Mold	Silicone 108-3110	<input type="checkbox"/> RF Removal Line Transp. <input type="checkbox"/> RFE Removal Line Transp. Ext.
<input type="checkbox"/> Motorsport	<input checked="" type="checkbox"/> KI20 Med <input type="checkbox"/> KI25 High	CU Canal Mold	Silicone 108-3106	<input type="checkbox"/> RF Removal Line Transp. <input type="checkbox"/> RFE Removal Line Transp. Ext.
<input type="checkbox"/> Work	<input checked="" type="checkbox"/> KI20 Low <input type="checkbox"/> KI25 Med <input type="checkbox"/> KI30 High	<input checked="" type="checkbox"/> SU Full Shell <input type="checkbox"/> CU Canal Mold	<input checked="" type="checkbox"/> Silicone 108-3107 <input type="checkbox"/> Acryl 108-3037	<input type="checkbox"/> RF Removal Line Transp. <input type="checkbox"/> RFE Removal Line Transp. Ext.
<input type="checkbox"/> Fly	<input type="checkbox"/> KM16 Low	<input checked="" type="checkbox"/> SU Full Shell <input type="checkbox"/> CU Canal Mold	<input checked="" type="checkbox"/> Silicone 108-3066 <input type="checkbox"/> Acryl 108-3044	<input type="checkbox"/> RF Removal Line Transp. <input type="checkbox"/> RFE Removal Line Transp. Ext.
<input type="checkbox"/> Music	<input checked="" type="checkbox"/> KM15 Low <input type="checkbox"/> KM20 Med <input type="checkbox"/> KM25 High	CU Canal Mold	<input checked="" type="checkbox"/> Silicone 108-3067 <input type="checkbox"/> Acryl 108-3041	<input type="checkbox"/> RF Removal Line Transp. <input type="checkbox"/> RFE Removal Line Transp. Ext.
<input type="checkbox"/> Shooting & Hunting	KIM9	<input checked="" type="checkbox"/> SU Full Shell <input type="checkbox"/> CU Canal Mold	<input checked="" type="checkbox"/> Silicone 108-3109 <input type="checkbox"/> Acryl 108-3108	<input type="checkbox"/> RF Removal Line Transp. <input type="checkbox"/> RFE Removal Line Transp. Ext.

S = Standard

Step 3: Choose Material Colour

Acryl

- 21 Clear transparent ○
- 06 Black ●
- 37 Blue (Left) ●
- 36 Red (Right) ●

Silicone

- 21 Clear transparent ○
- 06 Black ●
- B Blue opaque ●
- R Red opaque ●
- 17 Green opaque ●
- 20 Yellow opaque ●
- 11 Orange opaque ●

Swim & Sleep models are only available in: 34 Light Blue ● (floatable)

Step 4: Product Options

- CSB Cord with safety break
*Only available on Acryl Full Shell Molds

Step 5: Additional Information
