

# Hear Today Program Order Form



One of the many benefits of the Phonak Hear Today Program is that the child is fit with his/her hearing instrument or Roger technology today, eliminating the need to refit that child with new devices when funding becomes available.

This invaluable program ensures that no child has to wait to hear, which in turn means they don't miss out on the important speech and language learning opportunities every new day brings. At 90 days of shipment, you will be automatically invoiced.

## Step 1: Customer Information

Ship To Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bill To Account Number: \_\_\_\_\_

Date: \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Step 2: Patient Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Medicaid/Third Party Patient Number: \_\_\_\_\_

## Special Instructions:

I would like to receive a paper user guide

## Step 3: Hearing Instrument

### Phonak RIC

- 90 (Premium)       70 (Advanced)  
 50 (Standard)     30 (Essential)

Qty	Instrument Type	Instrument Style					
		Fit	312	13T	R	RT	Life
_____	Audéo P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Audéo L				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Fill in color choice here (see page 3 for options): \_\_\_\_\_  
 Receiver Length (0-3): \_\_\_\_\_  S     M     P     UP<sup>1</sup>

### Link M BTE

Qty	Instrument Type	Instrument Style
		Link M
_____	Sky	<input type="checkbox"/>
_____	Naída	<input type="checkbox"/>

- Fill in color choice here (see page 3 for options): \_\_\_\_\_

### Phonak BTE

- 90 (Premium)       70 (Advanced)  
 50 (Standard)     30 (Essential)

Qty	Instrument Type	Instrument Style				
		M	P	PR	SP	UP
_____	Sky M <sup>2</sup>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	N/A
_____	Naída P	N/A	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>
_____	Bolero M	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	N/A
_____	Sky B <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Fill in color choice here (see page 3 for options): \_\_\_\_\_

<sup>1</sup> Requires cShell  
<sup>2</sup> Not available in Essential Performance Level

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## Step 4: Roger™ System Selection

Qty

- \_\_\_\_\_ Roger X [052-3113-X02P5]
- \_\_\_\_\_ Roger NeckLoop (02) [056-4004-P5211]
- \_\_\_\_\_ Roger Focus II (Rechargeable) [056-3006-xx]
- \_\_\_\_\_ Roger Focus II-312 [056-3005-xx]
- \_\_\_\_\_ Roger 13 [052-3184-D02XX]
- \_\_\_\_\_ Roger 14 [052-3222-D02XX]
- \_\_\_\_\_ Roger 17 [052-3235-D02XX]
- \_\_\_\_\_ Roger 18 [052-3281-D02XX]
- \_\_\_\_\_ Roger 19 [052-3291-D02XX]

Qty

- \_\_\_\_\_ Roger 20 [052-3317-D02XX]
- \_\_\_\_\_ Roger 21 [052-3469-D02XX]
- \_\_\_\_\_ Roger On™ iN [056-3011-xx011] N/A Belong
- \_\_\_\_\_ Roger Select™ iN [052-3477-000XX] N/A Belong
- \_\_\_\_\_ Roger Touchscreen Mic [052-3297]
- \_\_\_\_\_ Roger On [056-3010-xx011]
- \_\_\_\_\_ Roger Select [052-3477-000XX]
- \_\_\_\_\_ Roger Clip-On Mic [052-3187]

■ Fill in color choice here (see page 3 and 4 for options): \_\_\_\_\_

## Step 5: Wireless Accessory Selection

### Paradise/Marvel

- Phonak PartnerMic™
- TV Connector
- Phonak RemoteControl

### Belong/Venture

- ComPilot II
- TVLink II
- CROS B-13 BTE\*

■ Fill in color choice here (see page 3 for options):

\* Compatible with Belong products

## Step 6: Additional Options

- Pediatric Care Kit
- Tamperproof battery door (Sky and Naída P only)
- Tamperproof ear hook (Sky and Naída P only)

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## Color Options

### Phonak Paradise



### Phonak Marvel™ and Phonak Belong™



### Naida Link M



### Sky Link M



### Exclusive to Phonak Sky, Roger Focus II and CROS B-13



### Roger On & Roger Select (iN and non-iN versions)



# Hear Today Program Order Form

## For hearing aids



Roger 18  
AS18



Roger 19  
AS19

### Color overview

Sand Beige	P1		
Champagne	P5		
Silver Gray	P6		
Graphite Gray	P7		
Velvet Black	P8		
Caribbean Pirate	Q3		
Precious Pink	T3		
Lava Red	M6		
Blue Ocean	M7		
Majesty Purple	M8		

## For cochlear implants



Roger 14



Roger 17



Roger 20



Roger 21

### Color overview

White	V6				
Sand Beige	P1				
Chestnut	P4				
Silver Gray	P6				
Velvet Black	P8				
Ruby	P9				
Petrol	Q1				
Caribbean Pirate	Q3				
Alpine White	XN/T7				
Princess Pink	XP				
Brown	L0				
White	L8				
Black	L9				
Beige/Sand	M1				
Charcoal	M2				
Mocha/Brown	T1				
Smoke/Grey	T2				
Silver	5A				
Anthracite	V1				
Beige	V2				
Black	V3				
Ebony	V4				
Nordic Grey	V5				