

## Step 1: Patient Information

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Third Party Patient Number: \_\_\_\_\_  
 Audiogram (Required):

	HZ	250	500	1K	2K	3K	4K
Left:	AC						
Right:	AC						

## Step 2: Customer Information

Ship To Acct Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Bill To Acct Number: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Purchase Order Number: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

## Step 3: Product Selection – choose one

Side		Instrument Type	Power Level
L	R		M (40/112)
<input type="checkbox"/>	<input type="checkbox"/>	Ambra nano	std
<input type="checkbox"/>	<input type="checkbox"/>	Solana nano	std

Standard Shell Colors: Red for Right and Blue for Left  
 Standard removal filament  
 Standard AOV vent

## Step 4: Warranty and Rush Options

- 2 year standard warranty
- 3<sup>rd</sup> year
  - 4<sup>th</sup> year
  - 24-hour Service (\$49.95)

## Step 5: Product Options

### Faceplate Color:

- |                          |                          |                  |
|--------------------------|--------------------------|------------------|
| L                        | R                        |                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Pink             |
| <input type="checkbox"/> | <input type="checkbox"/> | Cocoa (standard) |
| <input type="checkbox"/> | <input type="checkbox"/> | Tan              |
| <input type="checkbox"/> | <input type="checkbox"/> | Brown            |

### Wax Prevention:

- |                          |                          |  |
|--------------------------|--------------------------|--|
| L                        | R                        |  |
| <input type="checkbox"/> | <input type="checkbox"/> | WaxTrap <sup>1</sup> (standard on Ambra, will change to extended receiver tube if size does not allow) |
| <input type="checkbox"/> | <input type="checkbox"/> | Extended Receiver Tube   |
| <input type="checkbox"/> | <input type="checkbox"/> | No wax prevention  |

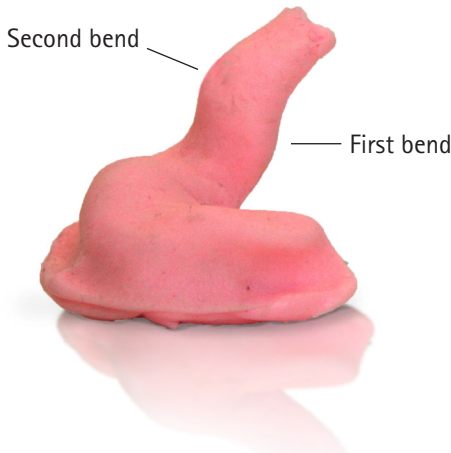
1-Chargeable option for Solana.

## Step 6: Special Instructions

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## No special impression techniques required

For the best possible Phonak nano, please send an impression that extends beyond the second bend



Internal use only:

S B R1 R2 L1 L2  
 PNK BLU YLW FLS GRN PRP WHT TRO