Phonak CROS P Order Form

PHONAK life is on

Date: ____ / ____ / ____ (DD / MM / Year) ☐ **Rush Order in 48hr** ($48 charge) N/A for Titanium **PO#:** _____ **Attention to** (at Phonak): _____

STEP 1: Account Information

Ship to Account Number:
Phone #:
Company Name:
Address:
Contact Name (Audiologist/Dispenser):

SHIP TO

Bill to Account Number:
Phone #:
Company Name:
Address:

BILL TO

Patient Information

First Name: | | | | | | | | | | |

Last Name: | | | | | | | | | | |

Claim Type

❍ AADL ❍ AADL Pediatric ❍ BCEHP ❍ CNESST ❍ Eastern Health
❍ FNHA ❍ Greenshield ❍ ISC (NIHB) ❍ Manitoba Health
❍ Nisga'a ❍ ODSP ❍ REGIE ❍ Supp. Health ❍ VAC, DND, RCMP
❍ 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

Unaidable ear?

☐ Left ☐ Right

☑ CROS P-13

Colour (both devices):

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

STEP 3: Specify Paradise Hearing Instrument

Receiver device for the aidable ear

Aidable ear?

☐ Left ☐ Right

☐ Audéo P-13T
Compatible with CROS P-13

Technology (Paradise RIC):

☐ P90 ☐ P70 ☐ P50 ☐ P30

STEP 4: CROS P Transmitter Retention Options

☐ CROS Slim Tube 4.0
Tube Length (0-3): _____

OR

☐ Custom CROS Tip
Tube Length (0-3): _____

Dome Size (open):
☐ Small
☐ Medium
☐ Large

CROS Tip Colour:
☐ S Clear
☐ Pink
☐ Red/Blue

CROS Tip Options:
☐ Extra canal length
☐ Skeleton lock
☐ Canal lock

STEP 5: Paradise Device Retention Options

Audéo P Receiver Power:
☐ S Receiver
☐ S M Receiver
☐ P Receiver
Receiver Length (0-3): _____

Dome Type:
☐ Cap
☐ Open
☐ Vented
☐ Power

Dome Size:
☐ Small
☐ Medium
☐ Large

Custom Tip or CROS P: 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 or Special Instructions

_____

_____

_____

_____

_____

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Sonova Canada | Phone 905-677-1167 or 1-800-876-1167 | Fax 905-677-7536 or 1-800-814-5799

S = Standard

A Sonova brand