

By submitting this order to Phonak for creation of a custom product for your client, you agree that Phonak will scan and then dispose of the ear impression, that the scan and other information generated as part of the order fulfilment process is the property of Phonak and the client has been advised that their personal information (including name, date of birth, gender, device sizing and service history) will be retained for warranty claims, product recall and statistical purposes. The information will only be released or disclosed to another person or agency when specifically requested and with your client's consent. If you would like the ear impression returned, please let us know.

Phonak New Zealand Level 2, The Chester Building,
28 The Warehouse Way, Northcote, Auckland 0627
Fax: 09 486 1895. Email: nzorders@phonak.com

1. Order Details

* We are unable to guarantee courier timings **Routine turn time may vary
*** Express fees are per shell / mould, exclude GST, and are non-refundable

Clinic Details Invoice To _____ HAFS Order
Ship To _____ Same as Invoice

Client Details Name _____

Order Details Hrg. Instr. Fitter _____
Order Number _____ Enable Order # _____ Age _____
Order Date _____ Date Required non-custom only _____

Custom Product Turn Time Express fee ***

Turn time (Days in-house)	Order includes H.Aid	Mould order only
Routine (default)**	10	\$ -
Express - 5 Days*	5	\$ 45.00
Express - 1 Day*	1	\$ 95.00

15^{days}
You decide

2. Audiogram

Audiogram required for all custom orders

3. Hearing Instruments

	PREMIUM	QTY	COLOUR	ADVANCED	QTY	COLOUR	STANDARD	QTY	COLOUR	ESSENTIAL	QTY	COLOUR
DISPOSABLE BATTERY	HEARING INSTRUMENT	Audéo P90-13T	_____	Audéo P70-13T	_____	_____	Audéo P50-13T	_____	_____	Audéo P30-13T	_____	_____
	TRANSMITTER	CROS P-13	_____	CROS P-13	_____	_____	CROS P-13	_____	_____	CROS P-13	_____	_____
RECHARGEABLE	HEARING INSTRUMENT	Audéo P90-R	_____	Audéo P70-R	_____	_____	Audéo P50-R	_____	_____	Audéo P30-R	_____	_____
	TRANSMITTER	Audéo P90-RT	_____	Audéo P70-RT	_____	_____	Audéo P50-RT	_____	_____	Audéo P30-RT	_____	_____
		CROS P-R	_____	CROS P-R	_____	_____	CROS P-R	_____	_____	CROS P-R	_____	_____

4. Sound Delivery System

Moderate Receivers (M) <small>Default receiver</small>	Standard Receivers (S)	Power Receivers (P)	CROS Tubes 4.0	Domes	AV Receivers (ActiveVent)	Universal SlimTip AV
0 R 0 L	0 R 0 L	0 R 0 L	0 R 0 L	Right Cap Open Vented Power	0 R 0 L	Temporary earpiece for ActiveVent receivers only
1 R 1 L	1 R 1 L	1 R 1 L	1 R 1 L	Left Cap Open Vented Power	1 R 1 L	R _____
2 R 2 L	2 R 2 L	2 R 2 L	2 R 2 L	Small	2 R 2 L	L _____
3 R 3 L	3 R 3 L	3 R 3 L	3 R 3 L	Medium	3 R 3 L	AV is not suitable for children
				Large		

5. Earmould or Custom Shell Order

Standard option Existing hearing instrument model _____ (to ensure selection compatibility)

SlimTip		R	L	R	L	R	L	R	L	R	L
STYLE	SlimTip 4.0 Acrylic (Hollow)									OPTIONS	Pull Cord
	SlimTip 4.0 Silicone (Solid)										Canal/Concha Lock (Acrylic only)
	SlimTip Titanium AV (ActiveVent)										
	CROSTip 4.0 Acrylic (Hollow)										
cShell		R	L	R	L	R	L	R	L	R	L
STYLE	MATERIAL	cShell 4.0	Hard Acrylic	POWER LEVELS	S	SIZE	0	OPTIONS	Faceplate - Pink		
										Titanium*	M
					P		2		Pull Cord		
					UP		3		Canal/Concha Lock		

*No concha lock and black faceplate only

6. Wireless

Phonak TV Connector
Roger Select iN _____
Roger Table Mic II iN _____
Roger X _____
Roger ON iN _____
RemoteControl
PartnerMic

7. Venting

R L

AOV¹ Audiogram req'd!
No Vent
Pressure (1.2mm)
Small (1.5mm)
Medium (2mm)
Large (2.5mm)
Other R _____
L _____

¹AOV is not recommended for children

8. Wax System

cShell only R L

Cerustop
HF3

Other R _____
L _____

9. Phonak charging options

Charger Case BTE RIC	Charger Case Combi	Power Pack ¹	Mini Charger Case ²	Charge and Care Case ³

If no option is chosen we will provide a Charger Case Combi
¹Only compatible with the Charger Case Combi
²Not suitable for custom tips
³Additional \$90.00 with hearing aid order

Additional charge applies

Special instructions