

Custom Ear Piece Order Form

PHONAK
life is on

Belong™

Customer Information

Ship To Account Number:

Address:

City:State:Zip:

Bill To Account Number:

Third Party Patient Number:

Date:

Purchase Order Number:

Contact Name:

Phone:

Email:

Patient Information

Last Name:

First Name:

Age:Gender:

Audiogram (Required for AOV):

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

HI Warranty/Rush Options

☐ 2nd year☐ 3nd year☐ 4th year / ☐ 24-hour service (\$59.95)

Technology Level

☐ B90 (Premium)☐ B70 (Advanced)☐ B50 (Standard)☐ B30 (Essential)N/A for Sky™ B, Rechargeable or Direct Models

Hearing Device Selection – RIC

Qty	Instrument Type	Instrument Style					
		10	312	312T	13	R	Direct
	Phonak Audéo™ B	☐	☐	☐	☐	☐	☐
	Phonak Naída™ B-R RIC	N/A	N/A	N/A	N/A	☐	N/A
	Phonak Sky B-RIC	N/A	N/A	N/A	☐	N/A	N/A

Specify color choice:

Hearing Device Selection – BTE

Qty	Instrument Type	Instrument Style				
		M	P	PR	SP	UP
	Phonak Bolero™ B	☐	☐	☐	☐	N/A
	Phonak Sky B	☐	☐	☐	Not compatible with SlimTips	

Specify color choice:

Hearing Device Selection – CROS

Qty	Instrument Type	Instrument Style		
		312*	13*	R**
	Phonak CROS B	☐	☐	☐

Specify color choice:

*Not compatible with Rechargeable or Direct models
**Only compatible with Audéo B-R

Colors

P1Sand Beige

P3Sandalwood

P4Chestnut

P5Champagne

P6Silver Gray

P7Graphite Gray*

P8Velvet Black

T7Alpine White

O1Beige

Exclusive to Phonak Sky B and CROS B-13:

Q2Electric Green

Q3Caribbean Pirate

T3Precious Pink

M6Lava Red

M7Blue Ocean

M8Majesty Purple

*Not available on Phonak Sky B

Custom Ear Piece Selection – RIC

Side	Shell Styles	Power Level		
L	R	xS (46/111)	xP (57/124)	xUP (66/130)
☐	☐ SlimTip Soft	☐	N/A	N/A
☐	☐ SlimTip Hard	☐	☐	N/A
☐	☐ cShell Hard	☐	☐	☐

*N/A for Audéo B-10 model

Receiver Length (0-3): R L

Custom Ear Piece Selection – BTE

Side	Shell Styles	
L	R	
☐	☐ SlimTip Soft	One SlimTube is included at no charge (default: size 2)
☐	☐ SlimTip Hard	

SlimTube Length (0-3): R L

Custom Ear Piece Selection – CROS

Side	Shell Styles
L	R
☐	☐ CROSTip Hard

Wire/Tube length (0-3):

Ear Piece Options

Shell Color Options

	Pink		Tan		Cocoa		Brown		Transp.		Other*	
	L	R	L	R	L	R	L	R	L	R	L	R
SlimTip Soft	N/A		N/A		N/A		N/A		Std.		N/A	
SlimTip Hard	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
cShell Hard	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
CROSTip	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

*Other color options: Red, Blue, White.

Specify color choice: _____

Faceplate Color Options

	Pink		Tan		Cocoa		Brown	
	L	R	L	R	L	R	L	R
cShell Hard	☐	☐	☐	☐	☐	☐	☐	☐

Shell Options

	Canal Lock ¹		Skeleton Lock ¹		Helix Lock ¹		Extra Retention		Extra Large	
	L	R	L	R	L	R	L	R	L	R
SlimTip Hard	☐	☐	☐	☐	☐	☐	☐	☐	N/A	
cShell Hard	☐	☐	☐	☐	☐	☐	N/A		☐	☐
CROSTip	☐	☐	☐	☐	☐	☐	N/A		N/A	

¹ The shell and lock will be the same color.

Venting Options

	AOV (Audiogram required)		Pressure Vent		2.0mm SAV		2.5mm SAV		3.0mm SAV		Customized Large Vent		Cavity Vent		No Vent	
	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R
SlimTip Soft	☐	☐	☐	☐	☐	☐	☐	☐	N/A		☐	☐	N/A		☐	☐
SlimTip Hard	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
cShell Hard	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	N/A		☐	☐

Wax Options

	Cerustop		Extended Receiver Tube		Wax Spring ²		Smart Guard ³ (Chargeable)		No Wax Prevention ²	
	L	R	L	R	L	R	L	R	L	R
SlimTip Hard (w/ Extra Retention)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
cShell Hard	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

² xUP cShell Hard only compatible with these wax options.

³ Compatible with xS receiver only.

Removal Line Color Options

	L	R
Transparent	☐	☐
Tan/Pink	☐	☐
Brown/Cocoa	☐	☐
No Removal Line	☐	☐

Accessories

- | | |
|---|--------------------------------------|
| ☐ TV Connector (Audéo B-Direct only) | ☐ TVLink II |
| ☐ ComPilot Air II/RemoteMic bundle | ☐ RemoteMic |
| ☐ ComPilot II/TVLink II bundle | ☐ PilotOne II |
| ☐ ComPilot Air II | ☐ DECT II |
| ☐ ComPilot II | ☐ EasyCall II |

Measuring Tips

1. Make sure you are using the Phonak measuring tool
2. Make sure Receiver/SlimTube length measuring tool is parallel to the floor (straight on top of the ear)
3. Do not apply pressure to the tool (let it sit on the ear)
4. Use block colors to determine size (if on the line, use the smaller size)
5. Measure to the top of the ear canal opening

Preferences

- If necessary, may we change the following: ☐ Please Call
- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| ☐ | ☐ | xUP to xP OR xP to xS <i>if audiogram permits</i> |
| ☐ | ☐ | Build larger if required |

Special Instructions



SlimTip Hard



SlimTip Soft



CROSTip



cShell Hard



cShell Hard XL (HS/FS)

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