

Step 1: Customer Information

Ship To Account:
 Address:
 City: State: Zip:

Bill To Account:
 Third Party Patient Number:
 Date:
 Purchase Order Number:
 Contact Name:
 Phone Number:
 Email Address:

Step 2: Patient Information

Last Name:
 First Name:
 Age: Gender:
 Audiogram (Required for AOV):

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

Step 3: HI Warranty/Rush Options

2nd year 3rd year 4th year 24-hour service (\$59)

Step 4: Hearing Instrument Selection

- Virto V90 Virto V70 Virto V50 Virto V30 – nano IIC not available

Side	Shell Style	Instrument Type	Wireless	CROS Compatible	Power Level				Options					
					M (40/112)	P (50/118)	SP (60/122)	UP (70/130)	PB	VC L R	TC	Mini Control		
<input type="checkbox"/> <input type="checkbox"/>	IIC	Virto V - nano			✓					✓				<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	CIC	Virto V - 10 Omni			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			✓	<input type="checkbox"/>			
<input type="checkbox"/> <input type="checkbox"/>	CIC	Virto V - 10 Omni	✓		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			✓	<input type="checkbox"/>			
<input type="checkbox"/> <input type="checkbox"/>	MC	Virto V - 10	✓	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			✓	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>	ITC	Virto V - 312	✓	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		✓	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/>	FS	Virto V - 13	✓	✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		✓	<input type="checkbox"/>	<input type="checkbox"/>	✓	
<input type="checkbox"/> <input type="checkbox"/>	ITC	CROS II - 312 Custom	✓							✓	<input type="checkbox"/>			
<input type="checkbox"/> <input type="checkbox"/>	FS	CROS II - 13 Custom	✓							✓	<input type="checkbox"/>			

✓ = Default PB = Push Button VC = Volume Control TC = Telecoil

Step 5: Product Options

Shell Color: Pink Tan Cocoa Brown Blue/Red Transparent (IIC default) Transparent

Faceplate Color: Pink Tan Cocoa Brown Black (IIC only)

Vent Size: AOV (Std. Audiogram required) Other: Left _____ Right _____ None

Wax System: Cerustop Ext. Receiver tube Wax Spring None

Removal Options: Transparent Line Pink/Tan Line Cocoa/Brown Line Removal Notch

Other Options: Canal Lock^{1,2} Skeleton Lock^{1,2} Helix Lock^{1,2} Raised VC Canal Bell No Helix

¹ Chargeable ² Same color as shell

Step 6: Accessories (Wireless Products Only)

- ComPilot Air II/RemoteMic Bundle ComPilot II PilotOne II
 ComPilot II/TVLink II Bundle RemoteMic DECT II
 ComPilot Air II TVLink II

Step 7: Preferences

If necessary, may we change the following: Please call

Yes	No	Yes	No	To Keep requested size:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Change VC Size/Drop VC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Change power level
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Drop Wireless Function
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Drop Telecoil

Step 8: Special Instructions

All of our products, including custom products and spare parts, can be ordered online in the Phonak store.

Sonova USA Inc. is not responsible and assumes no liability for any non-Phonak manufactured device or accessory sent by you to Phonak. Please ensure that you only include Phonak devices and accessories herein. Products, options and accessories are subject to change without notice.

Internal use only: S B R1 R2 L1 L2
 PNK BLU YLW FLS GRN PRP WHT TRQ