

Custom Ear Piece Order Form

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

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Phonak Naída™ B-R RIC	N/A	N/A	N/A	N/A	<input type="checkbox"/>	N/A
_____	Phonak Sky™ B-RIC	N/A	N/A	N/A	<input type="checkbox"/>	N/A	N/A

Specify color choice: _____

Hearing Device Selection - BTE

Qty	Instrument Type	Instrument Style					
		M	P	PR	SP	UP	
_____	Phonak Bolero™ B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
_____	Phonak Sky B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not compatible with SlimTips		

Specify color choice: _____

Hearing Device Selection - CROS

Qty	Instrument Type	Instrument Style		
		312*	13*	R**
_____	Phonak CROS B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify color choice: _____

*Not compatible with Rechargeable or Direct models

**Only compatible with Audéo B-R

Colors

P1	P3	P4	P5	P6	P7	P8	T7	O1
Sand Beige	Sandalwood	Chestnut	Champagne	Silver Gray	Graphite Gray*	Velvet Black	Alpine White	Beige

Exclusive to Phonak Sky B and CROS B-13:

Q2	Q3	T3	M6	M7	M8
Electric Green	Caribbean Pirate	Precious Pink	Lava Red	Blue Ocean	Majesty 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)	
<input type="checkbox"/>	<input type="checkbox"/>	RIC SecureFit	<input type="checkbox"/>	<input type="checkbox"/>	N/A
<input type="checkbox"/>	<input type="checkbox"/>	SlimTip Hard	<input type="checkbox"/>	<input type="checkbox"/>	N/A
<input type="checkbox"/>	<input type="checkbox"/>	cShell Hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*N/A for Audéo B-10 model

Receiver Length (0-3): R _____ L _____

Custom Ear Piece Selection - BTE

Side	Shell Styles	
L	R	
<input type="checkbox"/>	<input type="checkbox"/>	SlimTip Soft
<input type="checkbox"/>	<input type="checkbox"/>	SlimTip Hard

One SlimTube is included at no charge (default: size 2)

SlimTube Length (0-3): R _____ L _____

Custom Ear Piece Selection - CROS

Side	Shell Styles
L	R
<input type="checkbox"/>	<input type="checkbox"/>

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
RIC SecureFit/ SlimTip Soft	N/A		N/A		N/A		N/A		Std.		N/A	
SlimTip Hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cShell Hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CROSTip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Other color options: Red, Blue

Specify color choice: _____

Faceplate Color Options

	Pink		Tan		Cocoa		Brown	
	L	R	L	R	L	R	L	R
cShell Hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shell Options

	Canal Lock*		Skeleton Lock*		Helix Lock*		Extra Retention		Extra Large	
	L	R	L	R	L	R	L	R	L	R
RIC SecureFit/ SlimTip Soft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A		N/A		N/A	
SlimTip Hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
cShell Hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>
CROSTip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A		N/A	

*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
RIC SecureFit/ SlimTip Soft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>
SlimTip Hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cShell Hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>

Wax Options

	No Wax Prevention*		Cerustop		Extended Receiver Tube		Wax Spring*	
	L	R	L	R	L	R	L	R
SlimTip Hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cShell Hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*xUP cShell Hard only compatible with these wax options

Removal Line Color Options

	L	R
Transparent	<input type="checkbox"/>	<input type="checkbox"/>
Tan/Pink	<input type="checkbox"/>	<input type="checkbox"/>
Brown/Cocoa	<input type="checkbox"/>	<input type="checkbox"/>
No Removal Line	<input type="checkbox"/>	<input type="checkbox"/>

Accessories

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

Preferences

- If necessary, may we change the following: Please Call
- Yes No
- xUP to xP **OR** xP to xS *if audiogram permits*
- Build larger if required

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

Special Instructions



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

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