

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

Technology Level				Side		Instrument	Shell Style						Power				PB		VC		TC
90	70	50	30	L	R		IIC	CIC	MC	ITC	HS	FS	M	P	SP	UP	Yes	No	L	R	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Virto B-10 O		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" 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"/>	Virto B-10			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" 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"/>	Virto B-312				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" 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"/>	Virto B-13					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	CROS B-312 ¹				<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	CROS B-13 ¹					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

¹ CROS B devices compatible w/ wireless Virto B directional devices only

O = Omni S = Standard PB = Push Button VC = Volume Control TC = Telecoil

Step 5: Product Options

Shell Color: Pink Tan Cocoa Brown Blue/Red Transparent Transparent

Faceplate Color: Pink Tan Cocoa Brown

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

Wax System: Cerustop Ext. Receiver tube Wax Spring None

Removal Options: Transparent Line (CIC default) Pink/Tan Line Cocoa/Brown Line Removal Notch

Other Options: Canal Lock^{2,3} Skeleton Lock^{2,3} Helix Lock^{2,3} Raised VC Canal Bell No Helix

² Chargeable ³ Same color as shell

Step 6: Accessories (Wireless Products Only)

ComPilot Air II/RemoteMic Bundle RemoteMic PilotOne II
 ComPilot II/TVLink II Bundle TVLink II DECT II
 ComPilot 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"/>	Venting	<input type="checkbox"/>	<input type="checkbox"/>	Change VC Size/Drop VC
<input type="checkbox"/>	<input type="checkbox"/>	Build to Fit Components	<input type="checkbox"/>	<input type="checkbox"/>	Change power level
<input type="checkbox"/>	<input type="checkbox"/>	Wax Prevention 2nd Choice:	<input type="checkbox"/>	<input type="checkbox"/>	Drop Wireless Function
		_____	<input type="checkbox"/>	<input type="checkbox"/>	Drop Telecoil

Step 8: Special Instructions

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

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.

Phonak – A Sonova brand

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 Contact Name:
 Phone Number:
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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

Technology Level				Side		Instrument	Shell Style						Power				Please Select ONE		
90	70	50	30	L	R		IIC	CIC	MC	ITC	HS	FS	M	P	SP	UP	PB (DT4)	MiniControl (DT3)	VC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Virto B-10 NW O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Virto B-312 NW O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NW = Non-Wireless O = Omni S = Standard PB = Push Button VC = Volume Control

Step 5: Product Options

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

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

Vent Size: AOV (Std. Audiogram required) Other: Left _____ Right _____ None (N/A IIC)

Wax System: Cerustop Ext. Receiver tube Wax Spring None

Removal Options: Transparent Line (IIC/CIC default) Pink/Tan Line Cocoa/Brown Line Removal Notch (N/A IIC/CIC)

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: Preferences

If necessary, may we change the following: Please call

Yes No
 Venting
 Build to Fit Components
 Wax Prevention 2nd Choice:

Yes No **To Keep requested size:**
 Change VC Size/Drop VC
 Change power level

Step 7: Special Instructions

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