

Date: ___/___/___
DD MM Year

Rush order in 48h (\$40.00 charge)

PO#:

Attention to (at Phonak):

Ship to Account Number:

Phone#: _____
Company Name: _____
Address: _____
Contact Name (Audiologist/Dispenser): _____

SHIP TO

Bill to Account Number:

Phone#: _____
Company Name: _____
Address: _____

BILL TO

User Name: Last

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(Please print)

First

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Pediatric Date of Birth: ___/___/___
DD MM Year

Claim Type: VAC NIHB RCMP WCB-AB OWS-BC
WCB-MB OWSIB Other: _____ (Please Specify)

Audiometric Information (Please include with ALL orders)

Speech Scores
 dB HL dB SPL

	Right	Left	Binaural
L	<input type="text"/>	<input type="text"/>	<input type="text"/>
R	<input type="text"/>	<input type="text"/>	<input type="text"/>

SRT _____
MCL _____
UCL _____

Canal Length: Short Med. Long Ear Texture: Soft Avg. Firm
Claim # (Required): _____

Step 1 Model, Performance Level & Product Options

L R B90 L R B70 L R B50 L R B30

Side	Shell Style						Instrument Type	Power Level				Options	TC
	IIC	CIC	MC	ITC	HS	FS		M 40/109	P 50/115	SP 60/119	UP 70/127		
L R	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PB w/EP <input type="checkbox"/> OR <input type="checkbox"/> MiniControl wo/PB [†] <input type="checkbox"/> OR <input type="checkbox"/> VC - wo/PB, wo/EP <input type="checkbox"/>	<input type="checkbox"/>
L R		<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PB w/EP OR <input type="checkbox"/> VC - wo/PB, wo/EP <input type="checkbox"/>	<input type="checkbox"/>
L R		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Virto B-10 O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> PB <input checked="" type="checkbox"/> EP <input type="checkbox"/> VC	<input type="checkbox"/>
L R		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Virto B-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> PB <input checked="" type="checkbox"/> EP <input type="checkbox"/> VC	<input type="checkbox"/>
L R				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Virto B-312	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> PB <input checked="" type="checkbox"/> EP <input type="checkbox"/> VC	<input type="checkbox"/>
L R				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Virto B-13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> PB <input checked="" type="checkbox"/> EP <input type="checkbox"/> VC	<input type="checkbox"/>

Faceplate Colour: Pink 26 Cocoa 22 Brown 28 Black 06 (IIC only)

Shell Colour: Pink 26 Blue/Red Transparent (Phonak IIC standard) Transparent 21

Manual Dexterity: Removal Line** Extended Removal Line +5mm Vent size: AOV (Audiogram required) Customer Specific: Left ___mm Right ___mm

Wax System: Cerustop Ext. Receiver tube Wax Spring HF3 HF4

Shell Option: L R Soft Coat L R Digital Canal Lock* L R Digital Helix Lock* *same colour as shell

Step 2 CROS B Model and Performance Level

Special Instructions Call-back requested WHS model without push button

Side	Shell Style			Instrument Type	Wireless	Options	
	ITC	HS	FS			PB	VC
L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CROS B 312 Custom	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
L		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CROS B 13 Custom	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
R		<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Step 3 Wireless accessories

PilotOne II ComPilot Air II ComPilot II TVLink II Base Station RemoteMic EasyCall II DECT Phone II D-Dry Kit MiniControl

Refer to Phonak Price & Policy for compatibility and complimentary Digital Wireless Accessory options

S = Standard O = Optional PB = Push Button VC = Volume Control EP = EasyPhone TC = Inductive Telecoil [†] Push Button or Volume Control functionality via MiniControl Fixed-Cannot be changed

**Standard for nano and CIC