Phonak Belong Wireless Custom Order Form

PHONAK life is on

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 ($59.95)

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	
☐	☐	☐	☐	☐	☐	Virto B-10 O		S	☐	☐	☐	☐	S	☐	☐		S	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	Virto B-10			S	☐	☐	☐	☐	S	☐		S	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	Virto B-312				S	☐	☐	☐	S	☐	☐	S	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	Virto B-13					☐	S	☐	S	☐	☐	S	☐	☐	☐	S
				☐	☐	CROS B-312[1]				S	☐	☐					S	☐	☐	☐	
				☐	☐	CROS B-13[1]					☐	S					S	☐	☐	☐	

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	☐ White	☐ Transparent	
Faceplate Color:	☐ Pink	☐ Tan	☐ Cocoa	☐ Brown				
Vent Size:	S AOV (Std. Audiogram required)		☐ Other: Left_____ Right _____				☐ None	
Wax System:	S Cerustop	☐ Ext. Receiver tube	☐ Wax Spring	☐ SmartGuard[2] (N/A for SP & UP)		☐ 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	☐ ComPilot II	☐ PilotOne II
☐ ComPilot II/TVLink II Bundle	☐ RemoteMic	☐ DECT II
☐ ComPilot Air II	☐ TVLink II	☐ EasyCall II

Step 7: Preferences

If necessary, may we change the following: ☐ Please call

Yes	No		Yes	No	**To Keep requested size:**
☐	☐	Venting	☐	☐	Change VC Size/Drop VC
☐	☐	Build to Fit Components	☐	☐	Change power level
☐	☐	Wax Prevention 2nd Choice: _____	☐	☐	Drop Wireless Function
			☐	☐	Drop Telecoil

Step 8: Special Instructions

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

Phonak Belong Non-Wireless Custom Order Form

PHONAK life is on

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 ($59.95)

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
☐	☐	☐	☐	☐	☐	Virto B-10 NW O	☐	S	☐	☐	☐	☐	S	☐	☐		S	☐	☐
☐	☐	☐	☐	☐	☐	Virto B-312 NW O			S	☐	☐	☐	S	☐	☐		S		☐

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)	☐ White	☐ Transparent		
Faceplate Color:	☐ Pink	☐ Tan	☐ Cocoa	☐ Brown	☐ Black (IIC only)				
Vent Size:	S AOV (Std. Audiogram required)	☐ Other: Left_____ Right _____	☐ None (N/A IIC)						
Wax System:	S Cerustop	☐ Ext. Receiver tube	☐ Wax Spring	☐ SmartGuard[1] (N/A for SP)	☐ None				
Removal Options:	S 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

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

sonova HEAR THE WORLD

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