

# 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: \_\_\_\_\_

### HI Warranty/Rush Options

2<sup>nd</sup> year    3<sup>rd</sup> year    4<sup>th</sup> year /    24-hour service (\$64.99)

### Patient Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Is this patient order being fully or partially paid for by state or federal government funds?    Yes    No

**Audiogram (Required for AOV):**

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

### Shipping & Handling Options\*

Next Morning (\$32.99)                       2 Business Days (\$20.99)

Next Afternoon (\$21.99)                       3-5 Business Days (\$19.99)

\*Based on location and courier

### 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 Sky™ B-RIC	N/A	N/A	N/A	<input type="checkbox"/>	N/A	N/A

Specify color choice: \_\_\_\_\_

### 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"/>

Receiver Length (0-3): R \_\_\_\_\_ L \_\_\_\_\_

### Hearing Device Selection - BTE

Qty	Instrument Type	Instrument Style		
		M	P	PR
_____	Phonak Sky B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify color choice: \_\_\_\_\_

Not compatible with SlimTips

### Custom Ear Piece Selection - BTE

Side	Shell Styles	
L   R		
<input type="checkbox"/> <input type="checkbox"/>	SlimTip Soft	One SlimTube is included
<input type="checkbox"/> <input type="checkbox"/>	SlimTip Hard	at no charge (default: size 2)

SlimTube Length (0-3): R \_\_\_\_\_ L \_\_\_\_\_

### Hearing Device Selection - CROS

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

Specify color choice: \_\_\_\_\_

\*Not compatible with Rechargeable or Direct models

### Custom Ear Piece Selection - CROS

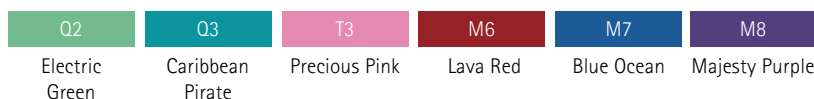
Side	Shell Styles
L   R	
<input type="checkbox"/> <input type="checkbox"/>	CROSTip Hard

Wire/Tube length (0-3): \_\_\_\_\_

### Colors



Exclusive to Phonak Sky B and CROS B-13:



\*Not available on Phonak Sky B

## 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"/>	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<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

- ComPilot II/TVLink II bundle
- ComPilot II
- TVLink 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.

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.