

# Phonak cShell 6.0 order form.

## Customer information

**Ship to account number:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Bill to account number:** \_\_\_\_\_

Third party patient number: \_\_\_\_\_

Fitting date: \_\_\_\_\_

Purchase order number: \_\_\_\_\_

Contact name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Hearing instrument

Qty	Instrument type	Technology level			
		90	70	50	30
	Phonak Audéo™ I Sphere	<input type="checkbox"/>	<input type="checkbox"/>	-	-
	Phonak Audéo I-R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phonak CROS I-R	-	-	-	-

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

See page 2 for color options

## cShell style



cShell Acrylic (062-0056-01)

L  R

Shell colors: Black (06), Cocoa (22), Pink (26), Tan (14), Brown (28), Red (R), Blue (B), Transparent (21)

Faceplate colors: Black (06), Cocoa (22), Pink (26), Tan (14), Brown (28)



cShell Titanium (062-0057-01)

L  R

Shell color: Titanium gray (U0)

Faceplate color: Black (06)

## Accessories and Roger™

Accessories	TV Connector (076-3006-0611)	<input type="checkbox"/>
	PartnerMic (076-4001-P511)	<input type="checkbox"/>
	RemoteControl (076-0065-P5)	<input type="checkbox"/>
Roger	Roger On™ 3 (056-3032-xx011) Champagne (P5), Graphite Gray (P7)	<input checked="" type="checkbox"/> P5 <input checked="" type="checkbox"/> P7
	Roger Select™ 3 (056-3033-xx011) Champagne (P5), Graphite Gray (P7)	<input checked="" type="checkbox"/> P5 <input checked="" type="checkbox"/> P7
	Roger Table Mic (056-4012-P5011)	<input type="checkbox"/>

## Preferences

If necessary, may we change the following:  Please call

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | UP to P <b>OR</b> P to M <b>OR</b> M to S if audiogram permits |
| <input type="checkbox"/> | <input type="checkbox"/> | Build larger if required                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | I would like to receive a paper user guide                     |

\* Not available for cShell Titanium \*\* HF4 for UP receiver, CeruStop for all other receivers

## 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						

## HI warranty

4<sup>th</sup> year  5<sup>th</sup> year (Patient age required at time of order)

## Shipping and handling options<sup>†</sup>

- 2 Business Days (\$20.99)  C.O.D. (\$21.99 + shipping)
- 3-5 Business Days (\$19.99)

<sup>†</sup> Based on location and courier

## Options

Shell Color	Standard color (Transparent 21)	<input checked="" type="checkbox"/> S
	Custom color	Code: _____
Faceplate Color	Standard color	<input checked="" type="checkbox"/> S
	Custom color	Code: _____
Receiver	S Receiver	L <input type="checkbox"/> R <input type="checkbox"/>
	M Receiver (standard)	L <input checked="" type="checkbox"/> S R <input checked="" type="checkbox"/> S
	P Receiver	L <input type="checkbox"/> R <input type="checkbox"/>
	UP Receiver (may result in cShell XL)	L <input type="checkbox"/> R <input type="checkbox"/>
Length	0/1/2/3 Size 2 is standard	Left: _____ Right: _____
	AOV (enter audiogram)	<input checked="" type="checkbox"/> S
Vent size	Customer specific 12/20/25/3L/none	Left: _____ mm Right: _____ mm
	Wax system	Standard wax system**
Custom wax system		_____
Retention*	Helix Lock (HL)	<input type="checkbox"/>
	Canal Lock (CL)	<input type="checkbox"/>
	Skeleton Lock (SL)	<input type="checkbox"/>
Removal line (RF)	Transparent (21)	<input type="checkbox"/>
	Line extension + customer specific	_____
Titanium surface	Extra retention (ERS)	<input type="checkbox"/>

## Special Instructions

Legend  /  S = Standard  = Optional

## Additional Information

### Alternative cShell Build Style

We offer an alternative cShell build style with an anterior tube outlet. This build style provides high cosmetic acceptance in spite of a slightly larger size and can be used in case of build problems due to anatomical limitations. This build style is available for acrylic shells only.



Fig.1 cShell - standard tube

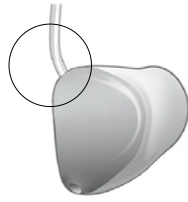


Fig.2 cShell - anterior tube outlet

### Acoustically Optimized Vent (AOV)

We recommend to select AOV. We will set the correct vent diameter and style consider audiogram/shell geometry/feedback canceler and required low frequency gain. The client's audiogram is mandatory for the calculation of the AOV.

### Extra Retention Surface (ERS)

We offer a rougher surface for cShell titanium. The extra retention surface can improve retention in the ear.

### Wax systems

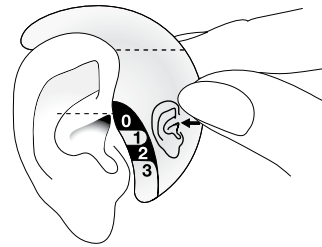
cShell Acrylic	Description
X	No wax guard
CB	CeruStop
H4	HF4 Filter, default with UP receivers

### Color codes

Code	Color
06	Black
13/21	Transparent
14	Tan
22	Cocoa
26	Pink
28	Brown
R/B	Red/Blue
U0	Titanium Gray

### Receiver tube length

Measure the tube length to select the correct receiver. Measure both ears for binaural fitting.



### Infinio hearing instrument color options



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

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