



# IMPLANT ORDER FORM



Note: Selection of processor kits and their customizable configurations are ordered using the Processor Kit Order Form

## 1. BILLING / TRACKING INFORMATION

SURGEON NAME: \_\_\_\_\_

CENTRE/HOSPITAL NAME: \_\_\_\_\_

PURCHASE ORDER NO: \_\_\_\_\_

### BILL TO:

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

Patient Name: \_\_\_\_\_

Post Code, City: \_\_\_\_\_

Surgery Date: \_\_\_\_\_

Country: \_\_\_\_\_

Estimated Initial Fitting Date: \_\_\_\_\_

### SHIP TO:

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

Contact Name: \_\_\_\_\_

Post Code, City: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Country: \_\_\_\_\_

## RECOMMENDED

### 2. HIRESOLUTION™ BIONIC EAR IMPLANT

### 3. BACKUP IMPLANT

HiRes™ Ultra with HiFocus™ Mid-Scala Electrode

Prosthesis code - BD024

Backup Implant

YES

NO

CI-1600-04

Surgical tools will always accompany implant and sterilisation is required at the hospital prior to surgery.

### 4. SIMULTANEOUS BILATERAL IMPLANTATION

YES

NO

## OPTIONAL

### HIFOCUS MID-SCALA ELECTRODE INSERTION TOOL (SINGLE-USE)

CI-4207

Notes:

Please email your complete order to [CustomerService.au@AdvancedBionics.com](mailto:CustomerService.au@AdvancedBionics.com)  
Any questions, please phone 02-8858-1600