

NAIDA LINK HEARING AID ORDER FORM



Advanced Bionics

PHONAK
life is on

Clinic/Patient Information

VIP

Clinic Name: _____ Account Number: _____

Clinic Shipping Address: _____

Suburb: _____ State: _____ Postcode: _____

Audiologist: _____ Phone: _____

Name of Patient: _____

Phonak Naída™ Link Hearing Aid

Choose your Naída Link:

Phonak Naída™ Link RIC OHS Code - B479PHO

Phonak Naída™ Link UP (Ultra Power) OHS Code - B478PHO

Select Naída Link Color:

Velvet Black-P8 Sand Beige-P1 Silver Gray-P6 Alpine White-T7 Ruby-P9 Chestnut-P4 Petrol-Q1



If Naída Link RIC, select one of each of the following:

Side

Left Right

Receiver Option

Standard Power Super Power Plus (cShell only)

Length

0 1 2 3

Choose your Dome option OR your RIC Earmould option below:

Domes (if required) Size

Open S M L
 Closed S M L
 Power S M L

RIC Earmoulds (if required):

SlimTip - Hollow (HA)

L R



with Std xR
 with Power xR

If SlimTip not possible due to ear geometry, earmould will be changed to cShell.

SlimTip - Solid (HA)

L R



with Std xR only

If SlimTip not possible due to ear geometry, earmould will be changed to cShell.

cShell*

L R



Std xS
 with xP
 with xSP Plus

*Wax management default for Standard/Power is Cerustop and HF3 for SP Plus.
 Please use Notes section below for additional comments.

Venting (if required):

AOV (please send audiogram)

Vent Size (minimum is 1mm)

Impression:

Included (please send impression)

Scanned impression

Serial Number: _____



If Naída Link UP, select one of each of the following:

No Tubing/Mould required

Standard Tube Power Slim Tube (requires custom mould)

Size

00 0 1 2 3

Choose your UP Earmould option below:

Semi Skeleton (HA only)

L R



Canal Lock (HA only)

L R



Skeleton (HA only)

L R



*HA denotes Hard Acrylic

Hard Acrylic (HA)

L R

Silicone

L R

Colour:

Clear

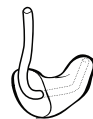
Rosa Tint

S70 (Firm; available in clear & rosa tint only)

S40 (Soft; available in all colours)

Canal Mould

L R



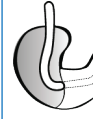
Half Shell

L R



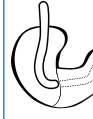
Carved Shell

L R



Uncarved Shell

L R



Ultra Carved Shell

L R



Venting (if required):

AOV (please send audiogram)

Vent Size (minimum is 1mm)

Impression:

Included (please send impression)

Scanned impression

Serial Number: _____

Notes: _____

Place your order at: CustomerService.au@AdvancedBionics.com
 Audiology enquiries please phone 1800 809 321