

NAIDA LINK HEARING AID ORDER FORM



Advanced Bionics

PHONAK
life is on

Please charge to Advanced Bionics a/c and provide Naida Link aid to Amanda Chu (AB) to dispatch

Patient Information

☐ VIP

Name of Patient: _____

Audiologist: _____

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

Colour: ☐ Clear
☐ Rosa Tint

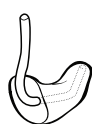
Silicone

☐ L ☐ R

☐ S70 (Firm; available in clear & rosa tint only)
☐ S40 (Soft; available in all colours)

Canal Mould

☐ L ☐ R



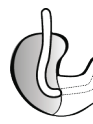
Half Shell

☐ 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