



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: _____

BILL TO:

Address: _____

Post Code, City: _____

Country: _____

SHIP TO:

Address: _____

Post Code, City: _____

Country: _____

PURCHASE ORDER NO: _____

Patient Name: _____

Surgery Date: _____

Estimated Initial Fitting Date: _____

Contact Name: _____

Telephone Number: _____

RECOMMENDED

2a. HIRESOLUTION™ BIONIC EAR IMPLANT

HiRes™ Ultra with HiFocus™ Mid-Scala Electrode

Prosthesis code - BD024

☐ CI-1600-04

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

2b. HIRESOLUTION™ BIONIC EAR IMPLANT

HiRes™ Ultra with HiFocus™ SlimJ Electrode

Prosthesis code - BD026

☐ CI-1600-05

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

3. BACKUP IMPLANT

Backup Implant ☐ YES ☐ NO

4. SIMULTANEOUS BILATERAL IMPLANTATION

☐ YES ☐ NO

OPTIONAL

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

Only compatible with the selection of CI-1600-04 Ultra with HiFocus Mid-Scala Electrode in Section 2a

☐ CI-4207

HIFOCUS SLIMJ ELECTRODE DEPTH GAUGE (SINGLE-USE)

Only compatible with the selection of CI-1600-05 Ultra with HiFocus SlimJ Electrode in Section 2b

☐ CI-1605

PLEASE TICK BOX IF YOU WOULD LIKE AN AB REPRESENTATIVE AT SURGERY

☐ YES

Notes:

Please email your complete order to CustomerService.au@AdvancedBionics.com
Any questions, please phone 02-8858-1600