

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: Post Code, City: Country: SHIP TO: Address:	Patient Name:Surgery Date: Estimated Initial Fitting Date: Contact Name:
Post Code, City:	
Country:	
RECOMMENDED	
2α. HIRESOLUTION™ BIONIC EAR IMPLANT	2b. HIRESOLUTION™ BIONIC EAR IMPLANT
HiRes™ Ultra with HiFocus™ Mid-Scala Electrode	HiRes™ Ultra with HiFocus™ SlimJ Electrode

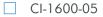
Prosthesis code - BD024

CI-1600-04

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

NO

Prosthesis code - BD026



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

3. BACKUP IMPLANT

Backup Implant YES

4. SIMULTANOUS BILATERAL IMPLANTATION

YES	NO

OPTIONAL HIFOCUS MID-SCALA ELECTRODE INSERTION TOOL HIFOCUS SLIMJ ELECTRODE DEPTH GAUGE (SINGLE-USE) (SINGLE-USE) Only compatible with the selection of CI-1600-04 Ultra with HiFocus Mid-Scala Only compatible with the selection of CI-1600-05 Ultra with HiFocus SlimJ Electrode in Electrode in Section 2a Section 2b CI-1605 CI-4207 PLEASE TICK BOX IF YOU WOULD LIKE AN Notes: **AB REPRESENTATIVE AT SURGERY**

YES

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