

By submitting this order to Phonak, you agree that all information generated as part of the order fulfillment process is the property of Phonak and the client has been advised that their personal information (including name, date of birth, gender, device sizing and service history) will be retained for warranty claims, product recall and statistical purposes. The information will only be released or disclosed to another person or agency when specifically requested and with your client's consent.

**Phonak New Zealand** Level 2, The Chester Building,  
28 The Warehouse Way, Northcote, Auckland 0627  
Fax: 09 486 1895. Email: nzorders@phonak.com

1. Order Details		Order	Quote	Roger SoundField Trial Insurance (NZTrial)	
<b>Clinic Details</b>	Invoice To _____	<b>Order Details</b>	Date Required _____	Order taken by _____	
	Ship To _____		Aud/AODC/Assist _____		
Same as Invoice		Order Number _____	Order Date _____		
<b>Client Details</b>	Name _____	HAFS Order _____	Age _____	Enable Order # _____	
	School _____				

2. Hearing Instruments Details / New Orders					
Existing Instruments	(If CI with a MyLink+ then short loop required)	New Order	QTY	COLOUR	SERIAL NUMBER
BRAND	MODEL	MODEL/PART			
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. Roger Order						
<b>Transmitters</b>						
<b>For Education</b>		QTY	<b>For Adults</b>		QTY	COLOUR
Roger Touchscreen Mic	_____	_____	Roger On	_____	_____	_____
Roger Pass-around	_____	_____	Roger On iN	_____	_____	_____
Roger Multimedia Hub	_____	_____	Roger Select	_____	_____	_____
Roger WallPilot	_____	_____	Roger Select iN	_____	_____	_____
Roger Repeater	_____	_____	Roger Pen 1.1	_____	_____	_____
			Roger Pen iN	_____	_____	_____
			Roger EasyPen	_____	_____	_____
			Roger Clip-on Mic 1.1	_____	_____	_____
			Table Mic II	_____	_____	_____
			Table Mic II iN	_____	_____	_____
			Table Mic II Bundle (1 x Table Mic II iN, 1 x Table Mic II)	_____	_____	_____
Adult transmitters are not compatible with educational transmitters or DSF, and is limited in its Multi-talker network options.						
<b>Roger Receiver options</b>			QTY	COLOUR	ACCESSORIES	
Roger X	Marvel Hearing Aids, BTE's with audio shoe, ComPilot II Not needed if ordering "iN" transmitter	_____	_____	_____	Long Loop ZZ FC-C46	
Roger NeckLoop	Any inst. with telecoil	_____	_____	_____	Audio Shoe	
Roger 14	Cochlear Nucleus 5 Et 6	_____	_____	_____	■ Roger 14 Protection Cover	
Roger 17	Advanced Bionics Naida CI Q series	_____	_____	_____	■ Tamper Proof Battery Lock	
Roger 18	Bohero B P/SP, Bohero V P/SP, Audéo V13, Naida V RIC/SP, Sky V P/SP/RIC, Audéo B13	_____	_____	_____	■ Tamper Proof for Sky V Et B range only	
Roger 19	Naida B and V UP, Sky B and V UP	_____	_____	_____	■ Tamper Proof for Sky V Et B range only	
Roger 20	For Cochlear Nucleus 7 Speech processor	_____	_____	_____		
Roger 21	For MEDEL Sonnet Speech processor	_____	_____	_____		
Roger DigiMaster X		_____	_____	_____		
Roger Focus II-312	SlimTube HE	_____	_____	_____	Paed Kit	
Roger Focus II-R	SlimTube HE	_____	_____	_____	Paed Kit ■ BTE RIC Charging Case	
	Tubing left	OOL	OL	1L	2L	3L
	Tubing right	OOR	OR	1R	2R	3R
	Dome Left	Cap Dome	Small Open	Medium Open	Large Open	
	Dome Right	Cap Dome	Small Open	Medium Open	Large Open	
<b>Roger DigiMaster SoundField</b>			QTY	ACCESSORIES		
Roger DigiMaster 5000	Wall or portable	_____	_____	■ Power Cable	■ Wall Mounting Brackets	
Roger DigiMaster 7000	Wall or portable	_____	_____	■ 3m Audio Cable	■ Wall Mounting Fixed Stand	
				Portable Tripod		

7. Special Instructions
C.C. invoice to _____