

To	Customer Service Australia & New Zealand
Freecall	0800 444 819
Facsimile	0800 886 036
Email	customerservice@cochlear.com



Cochlear NZ Limited
Level 4, Takapuna Towers, 19-21 Como Street,
Takapuna, Auckland 0622 New Zealand
GST No. 108-278-854

Cochlear™ Osia® System order form (Surgical)

NEW ZEALAND

STEP 1 Order and shipping details

Orders must be submitted 10 days prior to surgery. All orders must be entirely and accurately completed or else processing is not possible.

Purchase order #:	Date of order:	Ordered by:	Contact phone:	Contact email:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ship Implant to (Hospital name):		Department:		
<input type="text"/>		<input type="text"/>		
Hospital address:				
<input type="text"/>				

STEP 2 Surgery details

Previous Baha implant:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recipient name:	Recipient DOB:	
<input type="text"/>	<input type="text"/>	
Surgeon name:	Surgery date:	
<input type="text"/>	<input type="text"/>	

STEP 4 Select Unilateral or Bilateral

<input type="checkbox"/> Unilateral
<input type="checkbox"/> Bilateral

STEP 3 Surgical equipment

☐ Select if loan surgical equipment is required. Equipment will be delivered to the same address as the implant kit unless an alternative address is completed below.

Deliver Surgical/Instrument set to:

Hospital:

Attention:

Telephone:

Address:

Please ensure this form is opened in Adobe Acrobat Reader before clicking submit.

SUBMIT

RESET

The Osia Implant Kit contents includes:					
CODE	DESCRIPTION	QTY	CODE	DESCRIPTION	QTY
92128	BI300 Implant 3mm	1*	92140	Widening Drill 3mm w Countersink	1*
92129	BI300 Implant 4mm	1*	92141	Widening Drill 4mm w Countersink	1*
92136	Cover Screw Conical	1	93363	Conical Guide Drill 3+4mm	1
P1170466	OSI200 Implant	1	P1291019	OSI200 Implant Template	2
*Actual implant and widening drill length will be determined by Surgeon.					