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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: ☐ Yes ☐ 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

- ☐ Unilateral
- ☐ Bilateral

RESET

SUBMIT

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:	
<input type="text"/>	
Attention:	Telephone:
<input type="text"/>	<input type="text"/>
Address:	
<input type="text"/>	

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.