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## Cochlear<sup>™</sup> Nucleus<sup>®</sup> 8 (CP1110) Sound Processor System order form **AUSTRALIA**

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

Recipient name:				Purchase Order #:			
Surgery date: Surg	geon name:						
Invoice to:		Invoice address:					
Contact name:		Contact email:				Switch on date:	
Ship Implant to:		Address:				, , ,	
Ship Processor to:		Address:					
STEP 1 Select Uni	ilateral or Bilateral P	ackage					
		<u>.</u>					
Unilateral Package	(or Sequential Bilateral Pa	ckage)					
Bilateral Package							
STEP 2 Select the	Implant						
Unilateral Package Selec	t 1. Bilateral Package Sele	ct 2.					
Nucleus® Profile	Mucle	us Profile Plus	Nucleus Pro		Nucleus P	rofile	
Implant with Cor		nt with Slim	Implant wit			ith Contour	
Advance <sup>®</sup> Electro	ode Cl612 Straig	ht Electrode Cl622	Modiolar El	ectrode Cl632	Advance E	Electrode CI512	
Nucleus Profile II	mplant Nucle	us Profile Implant	Nucleus Fre	edom™ Cochlear Im	nlant		
		is Profile Implant Nucleus Freedom <sup>™</sup> Cochlear Implant im Modiolar with Straight Electrode Cl24RE(ST)					
Electrode CI522	Electr	odeCl532	-				
Optional: Select backup	<b>p Implant.</b> Unilateral Pack	age Select 1. Bilateral	Package Select 2.				
Nucleus Profile F	Nucle	us Profile Plus	Nucleus Pro	ofile Plus	Nucleus P	rofile	
Implant with Cor		nt with Slim	Implant wit			ith Contour	
Advance Electro		ht Electrode Cl622		ectrode Cl632	•	Electrode CI512	
Nuclous Profile I	malant Nucle	us Profile Implant	Nuclous Fro	adam Caablaar Imn	lant		
		lim Modiolar					
Electrode CI522		odeCl532	0	·	· •		
	turned to Cochlear if not used ir		th our RMA Terms and C	onditions.			
Primary and Backup Implants	will each ship with Document F	ack.					
STEP 3 Select ON	IE colour						

White

Sand

Brown

Bilateral recipients will receive two of the same colour sound processors.

Grey

Silver

Continued next page

Black



STEP 4 Select Sound Processor Coil and Magnet						
Slimline <sup>™</sup> Coil length	Magnet strength					
6 cm 8 cm 11 cm 25 cm*	0.5 1 2 3					
For Unilateral Package Select 2; for Bilateral Package Select 4. The same colour will be sent as per the Sound Processor colour choice. *If 25 cm Slimline Coil Length is chosen, ensure you select Koala Clip in STEP 6.	4 5** 6^ For Unilateral Package Select 1; for Bilateral Package Select 2. **Includes Integrated Magnet, Coil, and Cover for CI600. ^Strength 6 not available for CI600.					
STEP 5 Select Nucleus Rechargeable Batteries						
Power Extend Battery	For Unilateral Package Select 2; t Battery for Bilateral Package Select 4.					
STEP 6 Select Retention Accessories						
<b>Earhook</b> For Unilateral Package Select 1; for Bilateral Package Select	2.					
Tamper-resistant Earhook     Small     Medium     Large       Each Sound Processor Kit contains a medium Earhook.						
Other Retention Accessories For Unilateral Package Select 1; for Bila	ateral Package Select 2.					
Hugfit™ Extra Extra Small Extra Small	Small Medium Large					
Snugfit Small Medium L	arge					
Safety Cord E *If Koala Clip is chosen, ensure you select Slimline Coil length 25 cm	armould Adaptor Koala Clip*					
STEP 7 Optional: Select Paediatric Options						
Unilateral and Bilateral package Select 1:						
Nucleus Monitor Earphone Adaptor (includes earphones)						

Koala with Toy Sound Processor

Personalisation cover (Personalisation cover comes with personalisation stickers)

Continued next page



STEP 8 Optional: Select Acou	ustic Component Recip	ient Kit				
In each of the options below; Unilateral	l Package Select 1. Bilateral Pa	ickage Select 2.				
Speaker Unit Side	Speaker Unit Type	Speak	er Unit Length			
		[				
Left Right	60 85	100	1 2	3 4		
Ear Lock Dome Set	Type (Supplied in packs of 10)	_	Dome Set Leng	jth		
60 miniFit Ope	en miniFit refill	Power miniFit refill	6 mm	8 mm 10 mm		
		-				
85 miniFit Bas	s Single miniFit refill	Bass Double miniFit ref	ill			
STEP 9 Payment details						
<b>NDIS</b> – Please indicate plan type:	Self managed	Plan managed	IDIA managed			
NDIS number:	-	anager email:	i i i i i i i i i i i i i i i i i i i			
Private Health Insurance - Billing c	ode CO082 (please attach cla	im form and required do	cumentation)			
Paid on account (approved accou	nt holders only).					
	Limited   <b>BSB:</b> 032 085   .					
Please put the first and las	st name of the recipient in the	reference field. Please al	so email through a re	emittance following payment.		
Credit Card	Card number:			Expiry date: CCV		
MasterCard. Mastercard	Name on card:			Telephone:		
VISA 🗋 Visa						
	selected, you will receive an e der will be processed once ap			у.		
			p			
				SUBMIT RESET		
In addition, please note that the fol	lowing will be included with	each system:				
Microphone Covers (pack of 2)	Earhook Mediun	n	Breeze by Dr	y & Store		
Battery Cover	Y Battery Charger		Dry Brik by Dry & Store			
<ul> <li>Battery Holder (1 per tray)</li> <li>Charger Plug Pack</li> </ul>		ck	Cochlear Backpack			
<ul> <li>Cochlear Remote Control (CR310)</li> </ul>	Storage Case			Document Pack		
<ul> <li>Power One Implant Plus p675</li> <li>Mercury Free Battery (pack of 6)</li> </ul>	Drying Capsule		Welcome Page	ck		
Recipients who choose the Bilateral package	will receive an additional Microphor	e Cover (pack of 2). Battery Co	over. Battery Holder (1 pe	r trav).		
Earhook Medium, Power One Implant Plus pe			,, ,			
Additional items that will be include	ed with Acoustic Componen	t Kit:				
Hybrid Earhook Adaptor	EAC-200 Series	screwdriver	Prowax minif	Fit		
Recipients who choose the Bilateral package	will receive additional Hybrid Earho	ok Adaptor, EAC-200 Series so	rewdriver and Prowax m	iniFit.		

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