

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™ Baha® Surgery Order Form

## NEW ZEALAND

Please note that orders must be submitted with a purchase order number at least 10 days prior to surgery

Date of Order   
Ordered By  Contact Phone Number

### STEP 1 Complete the surgery details

Surgery Date  Recipient Name   
Surgeon Name  Recipient DOB

### STEP 2 Complete the order details

#### Deliver to

Organisation  Purchase Order No.   
Department  Invoice To   
Attention   
Address   
  
Telephone

### STEP 3 Select if loan surgical equipment is required

☐ Baha Instrument Set & Drill (Includes Drill Console, Motor & Cable, Handpiece, Coolant Hose, Surgical Instruments & Dermatome)

Organisation  Address   
Attention   
Department  Suburb   
Telephone  Postcode

PLEASE NOTE: PRICES ARE GST EXCLUSIVE. Total quote inclusive of GST available at the end of the order form.

#### STEP 4 Select product required

Part No	Description	Unit Price NZD (ex. GST)	Qty	Total
93329	BIA400 Implant 4mm with 6mm abutment			
93330	BIA400 Implant 4mm with 8mm abutment			
93331	BIA400 Implant 4mm with 10mm abutment			
93332	BIA400 Implant 4mm with 12mm abutment			
93338	BIA400 Implant 4mm with 14mm abutment			
93333	BA400 Abutment 6mm			
93334	BA400 Abutment 8mm			
93335	BA400 Abutment 10mm			
93336	BA400 Abutment 12mm			
93337	BA400 Abutment 14mm			
92128	BI300 implant 3mm			
92129	BI300 implant 4mm			
93550	BIM400 Implant Magnet			
92136	Cover screw conical			
92132	BA210 abutment 5.5mm for flange fixture			
92133	BA210 abutment 8.5mm for flange fixture			
93363	Conical Guide drill 3+4mm			
92141	Widening drill 4mm with countersink			
92140	Widening drill 3mm with countersink			
95083	Healing cap with plug (20mm diameter)			
95084	Healing cap with plug (30mm diameter)			
91061	Irrigation tubing (box of 6)			

Total Ex GST	
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GST	
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Total Inc GST

Please contact your nearest Cochlear office to place your order

Payment can be made from any New Zealand bank account through internet banking to the Cochlear NZ Limited bank account. **Direct Credit to: Westpac 03 0252 0847187 00**

### Credit Card Details (if applicable)

Card Number                 Expiry Date   /   CCV

Card Type	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>	Visa
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Name on Card  Tel