

Serenity Choice + Order Form

Step 1 - Order Details

New Order

Lost

Replica

Rework*

Dispenser name: _____

Contact/Phone: _____

Patient name: _____

Experience: First time user Experienced user

DWOM N°: _____

Contact/Phone: _____

Serial N° Left : _____

Serial N° Right : _____

*For rework fill out additional information in Step 3 section

Step 2 - Configuration

Acrylic Hearing Protection



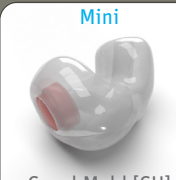
Mini
Canal Mold [CU]




Full Concha
Full Shell [SU]

108-3041 Serenity Choice Music + (A)
108-3044 Serenity Choice Fly + (A)
108-3037 Serenity Choice Work + (A)
108-3108 Serenity Choice Shooting + Hunting + (A)
044-3045 Serenity Choice CM Dummy ear (A)

Silicone Hearing Protection



Mini
Canal Mold [CU]



Full Concha
Full Shell [SU]

108-3045 Serenity Choice Sleep + (S)
108-3038 Serenity Choice Swim + (S)
108-3106 Serenity Choice Motorsport + (S)
108-3110 Serenity Choice Comfort + (S)
108-3107 Serenity Choice Work + (S)
108-3066 Serenity Choice Fly + (S)
108-3067 Serenity Choice Music + (S)
108-3109 Serenity Choice Shooting + Hunting + (S)
044-3046 Serenity Choice CM Dummy ear (S)

Models	-	DUMMY	<input type="checkbox"/>
SU	Full Shell		<input type="checkbox"/>
CU	Canal Mold		<input type="checkbox"/>
Colors	21	Clear	<input type="checkbox"/>
	06	Black	<input type="checkbox"/>
	37/36	Blue (L) / Red (R)**	<input type="checkbox"/>
	36	Red	<input type="checkbox"/>
	37	Blue	<input type="checkbox"/>
Filters	KI20	Filter Phonak KI20	<input type="checkbox"/>
	KI25	Filter Phonak KI25	<input type="checkbox"/>
	KI30	Filter Phonak KI30	<input type="checkbox"/>
	KIM9	Filter Phonak KIM9	<input type="checkbox"/>
	KM15	Filter Phonak KM15	<input type="checkbox"/>
	KM16	Filter Phonak KM16	<input type="checkbox"/>
	KM20	Filter Phonak KM20	<input type="checkbox"/>
	KM25	Filter Phonak KM25	<input type="checkbox"/>
Options	RF	Removal Line Transp.	<input type="checkbox"/>
	RFE	Removal Line Transp. Ext.	<input type="checkbox"/>
	CSB	Cord Safety Break*	<input type="checkbox"/>

Models	-	DUMMY	<input type="checkbox"/>
SU	Full Shell		<input type="checkbox"/>
CU	Canal Mold		<input type="checkbox"/>
Colors	21	Clear	<input type="checkbox"/>
	06	Black	<input type="checkbox"/>
	07	Blue	<input type="checkbox"/>
	10	Red	<input type="checkbox"/>
	11	Orange	<input type="checkbox"/>
	17	Green	<input type="checkbox"/>
	20	Yellow	<input type="checkbox"/>
	34	Light Blue (Floatable)	<input type="checkbox"/>
Filters	KI20	Filter Phonak KI20	<input type="checkbox"/>
	KI25	Filter Phonak KI25	<input type="checkbox"/>
	KI30	Filter Phonak KI30	<input type="checkbox"/>
	KIM9	Filter Phonak KIM9	<input type="checkbox"/>
	KM10	Filter Phonak KM10	<input type="checkbox"/>
	KM15	Filter Phonak KM15	<input type="checkbox"/>
	KM16	Filter Phonak KM16	<input type="checkbox"/>
	KM20	Filter Phonak KM20	<input type="checkbox"/>
	KM25	Filter Phonak KM25	<input type="checkbox"/>
	KR5	Filter Phonak KR5	<input type="checkbox"/>
Options	RF	Removal Line Transp.	<input type="checkbox"/>
	RFE	Removal Line Transp. Ext.	<input type="checkbox"/>

*CSB - NOT available for Canal Mold [CU] and in combination with RF or RFE option

**Blue for LEFT Side and Red for RIGHT Side

Default - no option

Step 3 - Special instructions

Additional Rework details

- too big / doesn't fit in ear
- painful in the external ear
- too loose / falls out of ear
- painful everywhere
- painful after some hours
- canal too long
- painful in the earcanal
- attenuation too low