



# Cochlear Implant Device Request Form

\*ADM COCH REQ\*



Patient Name:	
Date of Birth:	
Date of Surgery:	
Surgeon:	
Surgical Site:	<input type="checkbox"/> Left Ear <input type="checkbox"/> Right Ear

Primary Backup

## Advanced Bionics

- |                          |                          |   |               |
|--------------------------|--------------------------|---|---------------|
| <input type="checkbox"/> | <input type="checkbox"/> | HiRes Ultra 3D with SlimJ Electrode (CI-1601-05) (in stock)   | ABTRA3DSLIMJ  |
| <input type="checkbox"/> | <input type="checkbox"/> | HiRes Ultra 3D with Midscala Electrode (CI-1601-4) (in stock) | ABTRA3DMDSCLA |

## Cochlear America

- |                          |                          |   |            |
|--------------------------|--------------------------|---|------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Nucleus Profile w/ Slim Straight (CI622) (in stock)           | CNFCI622SE |
| <input type="checkbox"/> | <input type="checkbox"/> | Nucleus Profile Plus w/ Slim Electrode (CI624) (in stock)     | CNFCI624PP |
| <input type="checkbox"/> | <input type="checkbox"/> | Nucleus Profile w/ Slim Modiolar Electrode (CI632) (in stock) | CNFCI632CE |
| <input type="checkbox"/> | <input type="checkbox"/> | Nucleus Profile w/ Contour Electrode (CI612)                  | CNFCI612CE |
| <input type="checkbox"/> | <input type="checkbox"/> | Other   |            |

## Med EI

- |                          |                          |                              |              |
|--------------------------|--------------------------|------------------------------|--------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Synchrony 2 FLEX 28 (39573)  | MESYN2FLEX28 |
| <input type="checkbox"/> | <input type="checkbox"/> | Synchrony 2 FLEXSOFT (39569) | MESYN2FLXSFT |
| <input type="checkbox"/> | <input type="checkbox"/> | Synchrony 2 FLEX 26 (36904)  | MESYN2FLEX26 |
| <input type="checkbox"/> | <input type="checkbox"/> | Other                        |              |

Surgeon's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Audiologist Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_