## **Unitron NZ eStore Instructions**

The new Unitron eStore provides you with an intuitive workflow for placing your orders. This document is designed to outline the steps required to place orders for the main order types. Development Phase #1 of the tool is for hearing instrument orders for specific customers to which accessories can also be added. Phase #2 will look to fold in stock orders, and accessory orders that are not associated with a hearing aid order.

Below are the current limitations of the eStore that will be fixed in the coming updates. Please note the following when making an order:

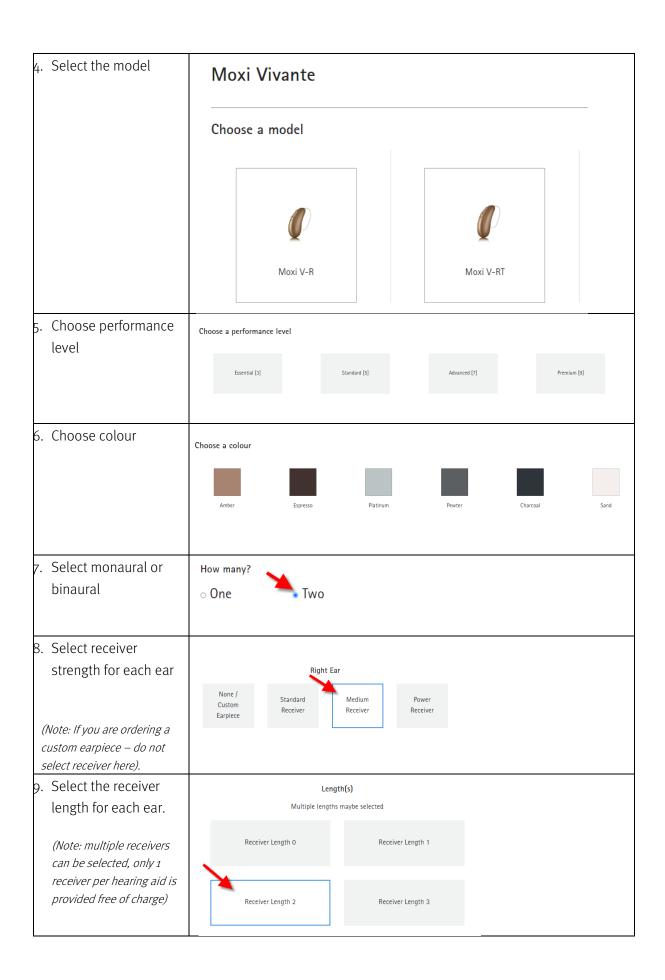
- First name and surname only for the clients name at 'Processing Information' stage in the ordering process (no middle names)
- Invoice is sent to the site selected if you want a different delivery site, you must write that in the notes
- Need to write any discount vouchers serial numbers, the discount vouchers name, and any relevant option selected in the notes
- If your clinic uses a clinic-wide login (option 1) there is no option to mention the clinicians name who made the order you can put this in notes



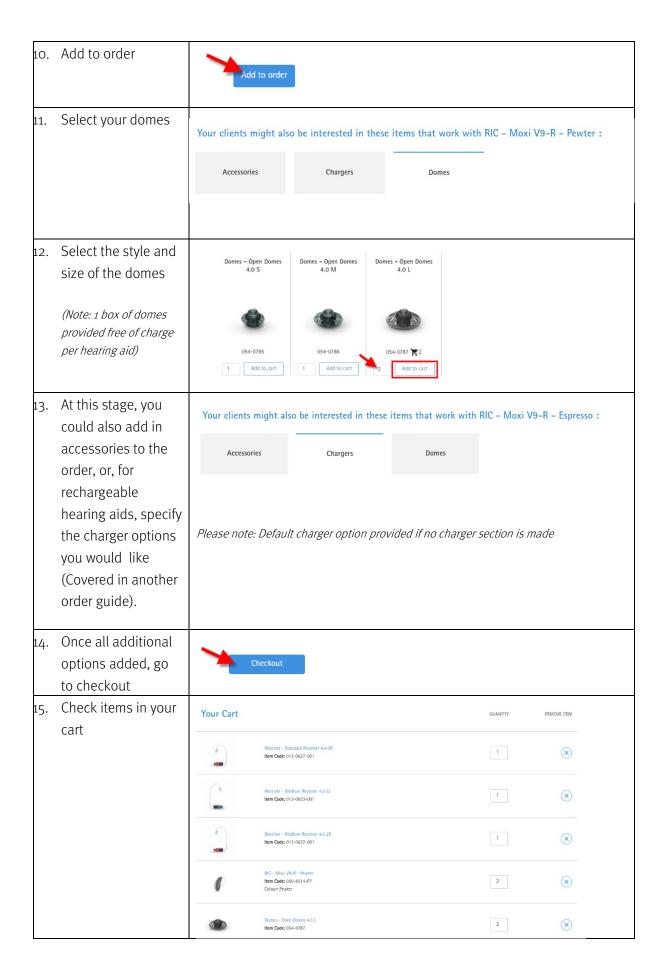
## 1. Standard order – RIC / BTE

Description	Screen Shot			
ı. Login	Unitron. Sign In to continue Email address Enter email Password Enter password Submit Forgot password?			
<ol> <li>Select hearing instrument Type (BTE/RIC)</li> </ol>			9	
	BTE/RICs Order Now	ITEs Order Now		arpieces Order Now
3. Select the family and platform (e.g., Vivante	BTE/RICs			
Moxi)	Moxi Vivante	Moxi Blu	Moxi DX	Stride Blu
	Order Now	Order Now	Order Now	Order Now
	Stride DX			
	Order Now			





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16.	If all items are added and you have no further equipment to add – proceed to checkout	Proceed to Checkout  If you do have additional items you want to add — click 'Continue shipping'  Continue Shopping >				
17.	Enter details	Processing Information				
First name and surname only at for clients name (no middle names)  Client name Required by date (if not completed – will default to standard T/Time) purchase Order #, whether it's HAFS	Name	Alice Lindeman				
	Organisation	Sonova				
	Site	Sonova New Zealand				
	Clients Name					
	Required By	dd/mm/yyyy	<b>=</b>			
	Purchase Order #					
Clinic address you would like the order sent too.		HAFS (Hearing Aid Funding Scheme)				
	If applicable, add any special instructions luding:  - Discount vouche rs serial numbers - Clinicians name who made the order - If you want a different delivery site	Special Instructions for Order				
19.	Submit order	Submit Order				
20.	Order successfully submitted  Select 'Back to home' to continue ordering.	Order successfully submitted Thank you for your order, we will be in touc Back to home				

