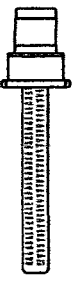
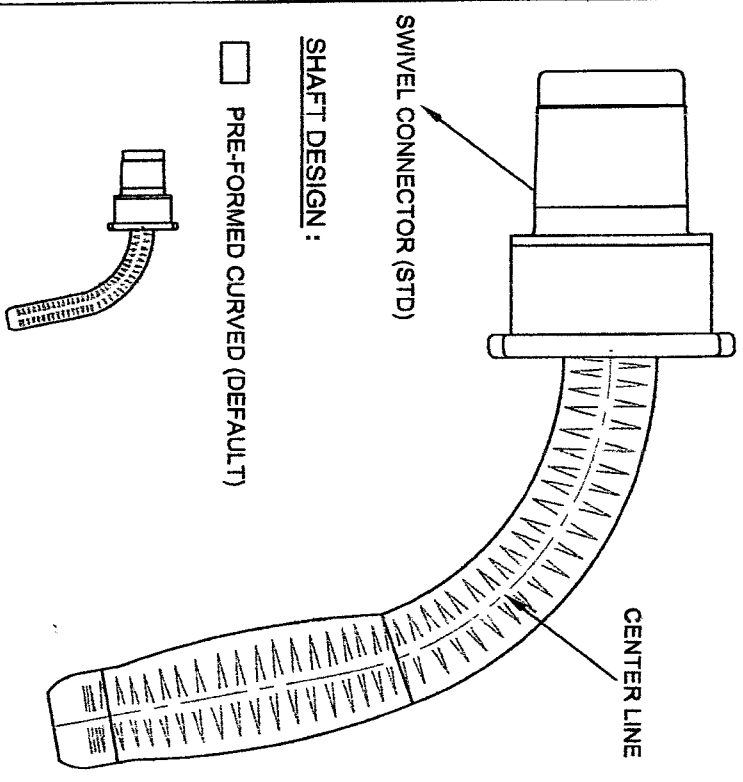


CUSTOMIZED FIXED NECK FLANGE ADULT TRACHEOSTOMY TUBE TEMPLATE

ARCADIA MEDICAL®



CLINICIAN NAME: _____

SIGNATURE: _____ DATE: _____

CLINICIAN CREDENTIALS: _____

PATIENT/CLIENT ID: _____

DISTRIBUTOR NAME: _____

COUNTRY: _____

QUANTITY ORDERED _____ UNITS)

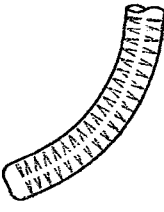

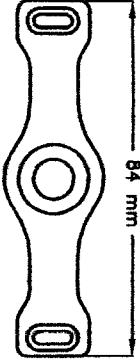
ARCADIA APPROVAL: _____

CUSTOMER P.O. NUMBER: _____

REORDER NUMBER: AMFNF- _____

AMFNF- _____

SHIP TO: _____

AIRWAY TUBING	CUFF OPTIONS	NECK FLANGE
ALL WIRE REINFORCED <input type="checkbox"/> UNWIRE REINFORCED SIZES 5.0, 6.0, 7.0, 8.0, 9.0 mm I.D. 	<input type="checkbox"/> UNCUFFED <input type="checkbox"/> CTS CLOSE TO SHAFT CUFF 	STANDARD NECK FLANGE  ADULT SIZES 5.0-9.0mm MODIFIED STANDARD NECK FLANGE SKETCH REQUIRED FROM CLINICIAN SPECIAL ORDERS WILL BE HANDLED ON AN INDIVIDUAL BASIS

AIRWAY TUBING: I.D. _____ mm

LENGTH AT CENTER LINE _____ mm

COMMENTS: _____

NON STERILE PRODUCT: MUST BE STEAM STERILIZED PRIOR TO USE.

CAUTION: FEDERAL (USA) LAW RESTRICTS THIS DEVICE TO SALE BY OR ON THE ORDER OF A PHYSICIAN. NOTE: ANY REQUIRED MODIFICATIONS WILL BE MADE WITH THE APPROVAL OF THE CLINICIAN. PLEASE PRINT CLEARLY. ARCADIA MEDICAL WILL REVIEW THE FINISHED TEMPLATE FOR CONSENT.

www.bryanmedical.net

AMFNF ADULT FORM 31 REVISION F

Bryan Medical, Inc.
 Fax: 513-272-1610
bryanmedicalinc@fuse.net
 Ph: 513-272-1600