

Specialized/Custom Tracheotomy Tube Template

Pediatric/Neonatal

Product:	Size: (mm)	I.D.: (mm)	O.D.: (mm)	Cannula Length:
<input type="checkbox"/> PED	<input type="checkbox"/> 2.5	<input type="checkbox"/> 2.5	<input type="checkbox"/> 3.6	<input type="checkbox"/> Standard
<input type="checkbox"/> NEO	<input type="checkbox"/> 3.0	<input type="checkbox"/> 3.0	<input type="checkbox"/> 4.3	<input type="checkbox"/> Modified
	<input type="checkbox"/> 3.5	<input type="checkbox"/> 3.5	<input type="checkbox"/> 5.0	<i>Modified Total</i>
	<input type="checkbox"/> 4.0	<input type="checkbox"/> 4.0	<input type="checkbox"/> 5.6	Length: _____ mm
	<input type="checkbox"/> 4.5	<input type="checkbox"/> 4.5	<input type="checkbox"/> 6.3	Proximal "B": _____ mm
	<input type="checkbox"/> 5.0	<input type="checkbox"/> 5.0	<input type="checkbox"/> 7.0	Distal "L": _____ mm
	<input type="checkbox"/> 5.5	<input type="checkbox"/> 5.5	<input type="checkbox"/> 7.6	
	<input type="checkbox"/> 6.0	<input type="checkbox"/> 6.0	<input type="checkbox"/> 8.4	

Billing Information

Shipping Information

Patient/Client Name: Special Instructions:	Purchase Order No: Hospital/Clinic Account No:	Hospital/Clinic: Contact Name: Address: City: State: ZIP:
Physician (print): Physician Signature/Date:	Address: City: State: ZIP:	Address: City: State: ZIP:
Name:		Phone:



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