

CUSTOM LENGTH ORDER FORM Silcosoft® Tracheostomy Tubes

bryanmedical.net • 513.272.1600



ONLY ONE SIZE PER ORDER FORM

STEP 1

Choose REF #

REF #370
Custom Standard Uncuffed



REF #371
Custom Proximal Longer Uncuffed



REF #372
Custom Standard Cuffed



REF #373
Proximal Longer Cuffed



STEP 2

Choose length, fill in REF #, and select order box

EXAMPLE

Fill in 3-digit Reference # and check the desired order box.

LENGTH	REF #	ORDER
26	373	2.5C26

2.5 mm Inner Diameter		
LENGTH	REF #	ORDER
26	2.5C26	
28	2.5C28	
32	2.5C32	
34	2.5C34	
36	2.5C36	
40	2.5C40	
42	2.5C42	
44	2.5C44	

3.0 mm Inner Diameter		
LENGTH	REF #	ORDER
24	3.0C24	
26	3.0C26	
28	3.0C28	
30	3.0C30	
34	3.0C34	
37	3.0C37	
41	3.0C41	
43	3.0C43	
46	3.0C46	
50	3.0C50	
55	3.0C55	

3.5 mm Inner Diameter		
LENGTH	REF #	ORDER
28	3.5C28	
30	3.5C30	
32	3.5C32	
36	3.5C36	
38	3.5C38	
42	3.5C42	
45	3.5C45	
50	3.5C50	
55	3.5C55	
60	3.5C60	
65	3.5C65	

4.0 mm Inner Diameter		
LENGTH	REF #	ORDER
32	4.0C32	
34	4.0C34	
38	4.0C38	
40	4.0C40	
43	4.0C43	
45	4.0C45	
48	4.0C48	
51	4.0C51	
55	4.0C55	
60	4.0C60	
65	4.0C65	

4.5 mm Inner Diameter		
LENGTH	REF #	ORDER
38	4.5C38	
40	4.5C40	
45	4.5C45	
48	4.5C48	
51	4.5C51	
55	4.5C55	
60	4.5C60	
65	4.5C65	

5.0 mm Inner Diameter		
LENGTH	REF #	ORDER
39	5.0C39	
42	5.0C42	
46	5.0C46	
49	5.0C49	
53	5.0C53	
58	5.0C58	
63	5.0C63	
68	5.0C68	

5.5 mm Inner Diameter		
LENGTH	REF #	ORDER
42	5.5C42	
44	5.5C44	
48	5.5C48	
51	5.5C51	
55	5.5C55	
60	5.5C60	
65	5.5C65	
70	5.5C70	

STEP 3

Quantity

NOTE: ONLY ONE SIZE PER ORDER FORM

SUBMIT COMPLETED FORM VIA EMAIL OR FAX

EMAIL sales@bryanmedical.net

FAX 513.272.1610

DATE	
PATIENT NAME	Protected by HIPPA
DATE OF BIRTH	
FACILITY	
PROVIDER'S SIGNATURE	