

KAPITEX LARYNGECTOMY TUBE
Request for Customization



Instructions

Complete customer information below. Sign and date form.

Fill in specific dimensions below. Complete a separate form for each product to be customized. Fax completed form to Bryan Medical at 513-272-1610 or email to sales@bryanmedical.net.

All sales for customized products are final.

Requested by Clinician/Doctor/Surgeon : (please print)

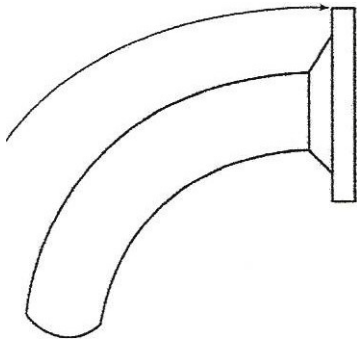
Name: _____ Title: _____

Hospital: _____ Address: _____

_____ Telephone: _____

Date: _____ Signature: _____

Catalog No. _____ **Description:** _____



__ Outside length__ mm

Special Notes: _____

Kapitex Use Only

Date Received: _____ PO No. _____

Approved by Sales Director _____ Date: _____

Product Code _____ Lot No: _____

Customized by: _____ Date: _____