

## ORDER FORM FOR CUSTOMIZED TRACOE comfort TUBES

Bryan Medical, Inc.  
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Patient: \_\_\_\_\_

Doctor: \_\_\_\_\_

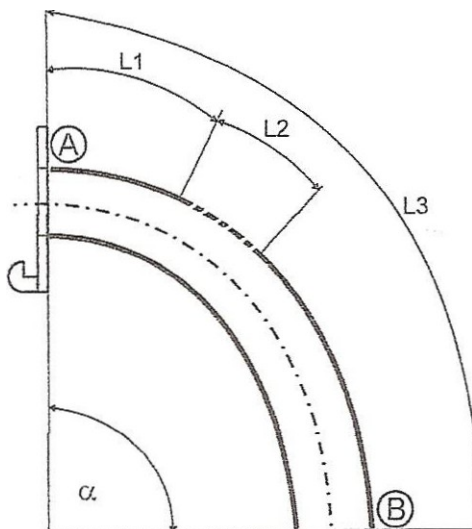
Hospital: \_\_\_\_\_

Date: \_\_\_\_\_

Order Form				Bending angle ex	
REF+ Size	L1	L2	L3	standard 90°	Jatho 120°

Comments: \_\_\_\_\_

\_\_\_\_\_



L1 Distance between neck flange and the start of the fenestration.

L2 Length of fenestration. Distance between the top edge of the first hole and the bottom edge of the last hole of the fenestration.

L3 Total length of tube (from point A to point B)

a: Bending angle