Specialized/Custom Tracheostomy Tube Template

Pediatric/Neonatal

Product:	Size: (mm)	I.D.: (mm)	O.D.: (mm)	Cannula Length:
☐ PED	☐ 2.5	☐ 2.5	☐ 3.6	☐ Standard
☐ NEO	☐ 3.0	☐ 3.0	☐ 4.3	☐ Modified
	☐ 3.5	☐ 3.5	☐ 5.0	*Modified Total*
	☐ 4.0	☐ 4.0	☐ 5.6	Length: _____ mm
	☐ 4.5	☐ 4.5	☐ 6.3	Proximal "B": _____ mm
	☐ 5.0	☐ 5.0	☐ 7.0	Distal "L": _____ mm
	☐ 5.5	☐ 5.5	☐ 7.6	
	☐ 6.0	☐ 6.0	☐ 8.4	

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

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