

Specialized/Custom Tracheostomy 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:		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:
		Phone:	Phone:	



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