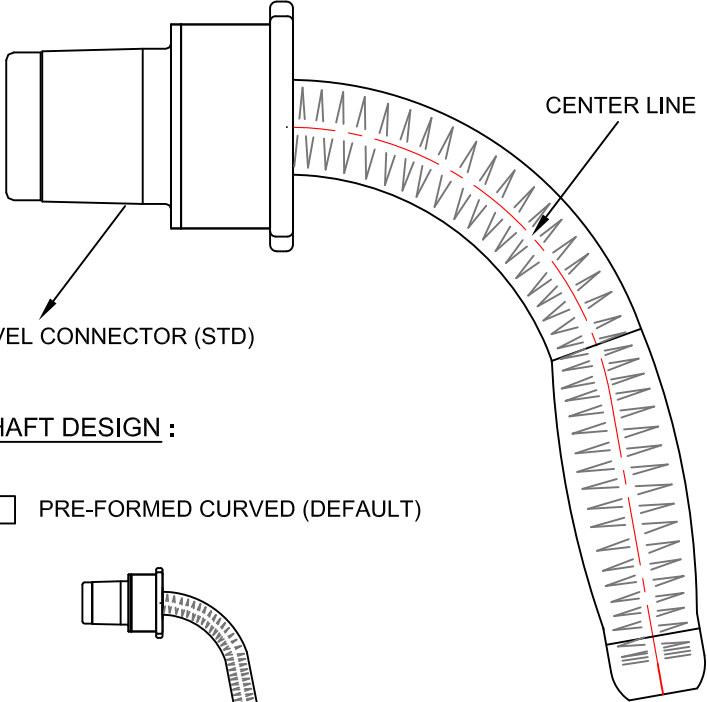
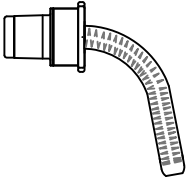

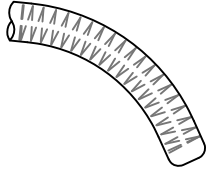
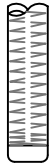
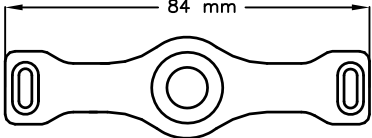



CUSTOMIZED FIXED NECK FLANGE ADULT TRACHEOSTOMY TUBE TEMPLATE

	AIRWAY TUBING	CUFF OPTIONS	NECK FLANGE
 <p>SWIVEL CONNECTOR (STD)</p> <p>SHAFT DESIGN :</p> <p><input type="checkbox"/> PRE-FORMED CURVED (DEFAULT)</p>  <p><input type="checkbox"/> STRAIGHT SOFT FLEXIBLE</p> 	<p>ALL WIRE REINFORCED</p>  <p>SIZES 5.0, 6.0, 7.0, 8.0, 9.0 mm I.D.</p>	<p><input type="checkbox"/> UNCUFFED</p> 	<p>STANDARD NECK FLANGE</p>  <p>84 mm</p> <p>ADULT SIZES 5.0-9.0mm</p>
	<p>AIRWAY TUBING:</p> <p>I.D. _____mm</p> <p>LENGTH AT CENTER LINE _____mm</p>	<p><input type="checkbox"/> LP LOW PROFILE CUFF</p> 	<p>MODIFIED STANDARD NECK FLANGE SKETCH REQUIRED FROM CLINICIAN</p> <p>SPECIAL ORDERS WILL BE HANDLED ON AN INDIVIDUAL BASIS</p>
<p>COMMENTS : _____</p> <p>_____</p> <p>_____</p>			
<p>SHIP TO: _____</p> <p>_____</p> <p>_____</p>			
CLINICIAN NAME:	ARCADIA APPROVAL:		<p>CONTACT INFORMATION: ARCADIA MEDICAL CORPORATION TELEPHONE: 219.779.9431 (USA)</p>
SIGNATURE: _____ DATE: _____	DISTRIBUTOR NAME:	CUSTOMER P.O. NUMBER:	
CLINICIAN CREDENTIALS:	COUNTRY:	REORDER NUMBER:	<p>FAX OR E-MAIL COMPLETED FORM TO: FAX: 847.620.2502 (USA) E-MAIL: info@arcadiamedical.com</p>
PATIENT/CLIENT ID:	QUANTITY ORDERED _____ UNIT(S)	AMFNF-	

NON STERILE PRODUCT: MUST BE STEAM STERILIZED PRIOR TO USE.

CAUTION: FEDERAL (USA) LAW RESTRICTS THIS DEVICE TO SALE BY OR ON THE ORDER OF A PHYSICIAN.
NOTE: ANY REQUIRED MODIFICATIONS WILL BE MADE WITH THE APPROVAL OF THE CLINICIAN.
PLEASE PRINT CLEARLY. ARCADIA MEDICAL WILL REVIEW THE FINISHED TEMPLATE FOR CONSENT.