

Shiley™ Custom Tracheostomy Tube Template Single Cannula Adult (No Inner Cannula)

ORDER: <input type="checkbox"/> NEW ORDER <input type="checkbox"/> RE-ORDER
PRODUCT: <input type="checkbox"/> NON-STERILE <input type="checkbox"/> STERILE
NUMBER OF CUSTOM TRACHEOSTOMY TUBES ORDERED: QTY: _____ (UOM = EA)
ACCESSORIES INCLUDED WITH EACH TUBE (UOM=EA): 2 Obturators
SPECIAL INSTRUCTIONS:
IF RE-ORDER PLEASE LIST PREVIOUS LOT NUMBER:
Product requiring modification outside the current template selection is considered an SCD product. Please contact Customer Service for assistance at 800-635-5267 option 1 then 3 for assistance.

PHYSICIAN NAME:
PATIENT NAME:

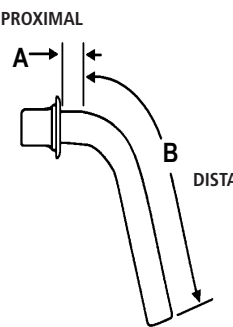
PURCHASER ORDER NUMBER:
Ship to Account Number: _____
Phone: _____
Fax: _____

SHIPPING INSTRUCTIONS:
Address: _____
City: _____
State: _____ Zip: _____

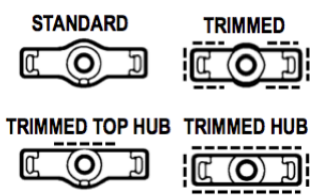
CONTACT INFORMATION:
TOLL FREE:(800) 635-5267
FAX: (800) 696-3636
www.shileycustomtrach.com

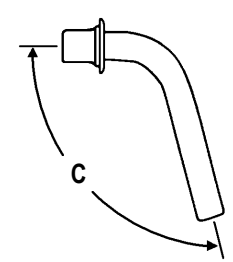
STEP 1					
SIZE	I.D.	O.D.	STANDARD LENGTH		
			(A) Proximal	(B) Distal	Total Length
<input type="checkbox"/>	4.0	5.7	1	57	58
<input type="checkbox"/>	5.0	7.0	1	57	58
<input type="checkbox"/>	5.5	7.7	1	57	58
<input type="checkbox"/>	6.0	8.3	3	64	67
<input type="checkbox"/>	6.5	9.0	3	64	67
<input type="checkbox"/>	7.0	9.6	7	73	80
<input type="checkbox"/>	7.5	10.3	7	73	80
<input type="checkbox"/>	8.0	10.9	10	79	89
<input type="checkbox"/>	9.0	12.1	13	86	99
<input type="checkbox"/>	10.0	13.3	18	87	105

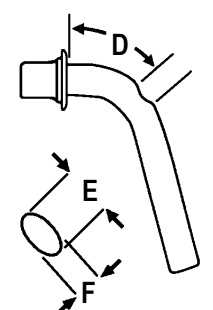
NOTE: All dimensions are in millimeters. For smaller pediatric and neonatal options please use the pediatric/neonatal template.

STEP 2	
CANNULA LENGTH:	PROXIMAL
<input type="checkbox"/> STANDARD (as specified in the table above)	
<input type="checkbox"/> MODIFIED	
Total Length: _____ mm	
Proximal (Horizontal) A: _____ mm	
Distal (Vertical) B: _____ mm	DISTAL
NOTE: Maximum extended length is 170 mm, minimum shorten length 40mm, proximal and distal equal total modified length of cannula	

STEP 3	
CUFF:	
<input type="checkbox"/> UNCUFFED	
<input type="checkbox"/> STANDARD	
<input type="checkbox"/> OVERSIZED (Size 10 only)	
<input type="checkbox"/> STOMA	
<input type="checkbox"/> STOMA ONLY	
<input type="checkbox"/> DOUBLE DISTAL	

STEP 4	
FLANGE:	
<input type="checkbox"/> STANDARD	
<input type="checkbox"/> TRIMMED (Uncuffed only)	
<input type="checkbox"/> TRIMMED HUB (Uncuffed only)	
<input type="checkbox"/> TRIMMED TOP HUB	
ROTATE: _____ Degrees	
<input type="checkbox"/> Counter Clockwise	
<input type="checkbox"/> Clockwise	
NOTE: Not to exceed 40 degrees; rotation available on uncuffed only. For smaller pediatric and neonatal options please use the pediatric/neonatal template.	

STEP 5	
CANNULA CURVE:	
<input type="checkbox"/> STANDARD (105 Degrees)	
<input type="checkbox"/> ADULT (Continuous curve)	
<input type="checkbox"/> MODIFIED	
Curve C: _____	
NOTE: Curve angle must be between 65 to 145 degrees	

STEP 6	
FENESTRATION:	
<input type="checkbox"/> NON-FENESTRATED	
<input type="checkbox"/> STANDARD LOCATION	
<input type="checkbox"/> MODIFIED LOCATION	
Distance D: _____ mm	
<input type="checkbox"/> STANDARD SIZE	
<input type="checkbox"/> MODIFIED SIZE	
Length E: _____ mm	
Width F: _____ mm	