

FORM

FOR PATIENT-OPTIMIZED ADAPTATION OF PRIMEDISTOM® TRACHEOSTOMY TUBES



Halberstadt Medizintechnik GmbH
Straße des 20. Juli 1
D-38820 Halberstadt

① Attention: Please insert your comments as detailed as possible, to be able to process this request

Customer name, first name:			
Customer number:		Date of birth:	
Article description			
Article number:		Commission:	
Article name:		units:	
Length of outer cannula:	<input type="checkbox"/> standard	<input type="checkbox"/> short	<input type="checkbox"/> long
Cuff:	<input type="checkbox"/> with Cuff	<input type="checkbox"/> without Cuff	
Connector on outer cannula:	<input type="checkbox"/> without connector (can be combined with different types of inner cannulas)	<input type="checkbox"/> with firm 15 mm connector (only without inner cannula)	<input type="checkbox"/> with firm 22 mm connector (only without inner cannula)
Length of the tracheostomy tube (outer cannula):			
Dimension:	A = Length along outer bend		mm
	B = Distance Flange-Sieving		mm
	C = Length of the Sieving		mm
	D = Length along centre line		mm
Sieving of the outer cannula:	<input type="checkbox"/> sieved <input type="checkbox"/> without		
Specification of the inner cannula:			
Connection possibilities	fenestrated	without	other
Without connector			
15mm connector			
Swivelling 15 mm connector (only for cuffed versions)			
22 mm connector			
Silver speaking valve (only for uncuffed versions)		not available	

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Further details:

Recipe area:

(Please insert your recipe here)

This product can be use exclusive by the above-named patient.

Place / Date:

Customer signature

Signature (doctor):
+ Stamp (Hospital, doctor's practice)