



Important

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Bivona™ Customized FlexTend™ Tracheostomy Tube Template

1. Shaft Length

1a. Shaft Length _____ mm (5 mm min, 60 mm max)

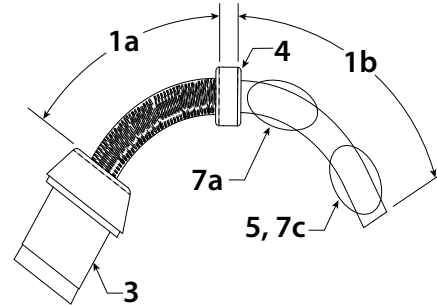
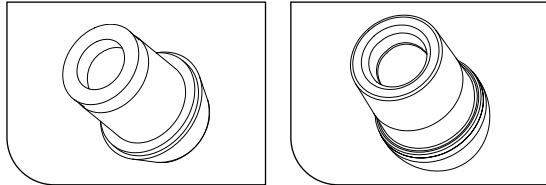
1b. Shaft Length _____ mm (30 mm min, 140 mm max)

2. Shaft

I.D.	O.D.	I.D.	O.D.	I.D.	O.D.	I.D.	O.D.	I.D.	O.D.
<input type="radio"/> 2.5	4.0	<input type="radio"/> 4.0	6.0	<input type="radio"/> 5.5	8.0	<input type="radio"/> 7.0	10.0	<input type="radio"/> 8.5	11.8
<input type="radio"/> 3.0	4.7	<input type="radio"/> 4.5	6.7	<input type="radio"/> 6.0	8.7	<input type="radio"/> 7.5	10.4	<input type="radio"/> 9.0	12.3
<input type="radio"/> 3.5	5.3	<input type="radio"/> 5.0	7.3	<input type="radio"/> 6.5	9.4	<input type="radio"/> 8.0	11.0	<input type="radio"/> 9.5	13.3

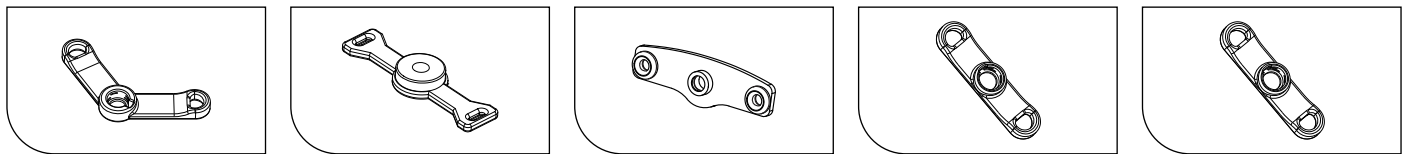
3. Connector (check one box only)

- 3a. Swivel 2.5–9.5 mm 3b. Fixed 2.5–6.0 mm



4. Neck Flange (check one box only)

- 4a. 2.5–6.0 mm 4c. 2.5–9.5 mm 4d. 6.5–9.5 mm 4e. 2.5–4.0 mm 4f. 2.5–6.0 mm



Neck Flange Length: 60 mm

Neck Flange Length: 83 mm

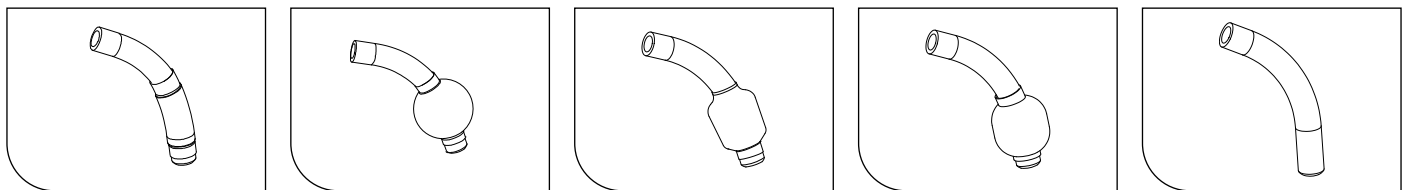
Neck Flange Length: 67 mm

Neck Flange Length: 47 mm

Neck Flange Length: 60 mm

5. Cuff (check one box only)

- 5a. TTS Tight to Shaft 5b. Aire-Cuf™ Pedi 5b. Aire-Cuf Adult 5c. Fome-Cuf™ Adult 5d. Cuffless



2.5–9.5 mm

2.5–5.5 mm

5.0–9.5 mm

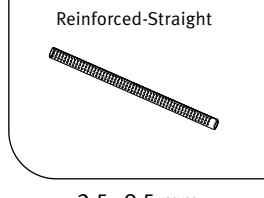
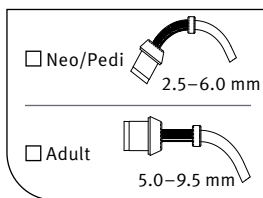
2.5–9.5 mm

2.5–9.5 mm

6. Shaft Option

- 6a. Shaft (Only proximal section is wire reinforced.)

- 6b. Hyperflex



2.5–9.5 mm

7. Optional

- 7a. Proximal (Top) Cuff 7b. Stoma Seal 7c. Distal (Bottom) Cuff

- TTS Cuff Solid Silicone
 Aire-Cuf _____ mm O.D.
 Fome-Cuf _____ mm Length
 Pediatric
 Adult
Cuff position from Neck Flange _____ mm
Note: Minimum distance 2 mm Tapered
 Non Tapered

Cuff distance from tip to shaft _____ mm
Note: Cuff distance from tip cannot be less than the minimum standard distance listed below:
a. Pediatric TTS, Aire-Cuf & Fome-Cuf – 3 mm
b. Adult Aire-Cuf & Fome-Cuf – 5 mm
c. Adult TTS – 9 mm

- 7d. Talk Attachment

5.0 mm I.D. Adult shaft or above only

8. Approval Please note: ICU Medical will review the completed template for compliance.

Any required modifications will be made with the approval of a clinician.

Hospital/Clinic _____

Clinician Name _____ Clinician Title _____

P.O. Number _____ Date _____

9. Select Type of Service

- Extended next day service (non-sterile), same day shipping if order received by 12 noon (CST) USA only
- Standard service (sterile) Express service (non-sterile)
- Standard service (non-sterile) Next day service (non-sterile) USA only



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