

Important

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It has interactive elements which may not function correctly if opened in your web browser.

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https://get.adobe.com/reader/

Bivona™ Customized Fixed Flange Tracheostomy Tube Template

1. Shaft Length

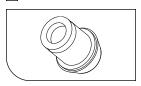
1a. Shaft Length mm (30 mm min, 140 mm max) Shaft length measured at center line

2. Shaft

I.D.	0.D.	I.D.	O.D.	I.D.	O.D.	I.D.	0.D.	I.D. O.D.
2.5	4.0	4.0	6.0	○ 5.5	8.0	7.0	10.0	○ 8.5 11.8
○ 3.0	4.7	4.5	6.7	○ 6.0	8.7	○ 7.5	10.4	O 9.0 12.3
○ 3.5	5.3	○ 5.0	7.3	○ 6.5	9.4	○ 8.0	11.0	○ 9.5 13.3

3. Connector (check one box only)

☐ 3a. Swivel 2.5–9.5 mm ☐ 3b. Fixed 2.5–5.5 mm ☐ 3c. No ISO Connector



4a. 2.5-5.5 mm

Neck Flange

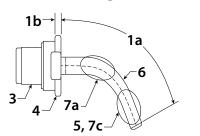
Length: 60 mm



Note: Product cannot be connected to any circuit or adaptor.

Note: Cuffless product only

Without Connector



4. Neck Flange (check one box only)

With or Without Swivel Connector





Length: 67 mm

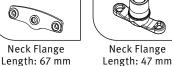
☐ 4b. 2.5−9.5 mm

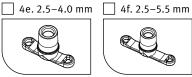
4c. 2.5-9.5 mm



Length: 83 mm

☐ 4d. 2.5–9.5 mm Cuffless Only **(0)**







Fixed Connector Only



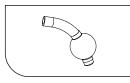
Length: 59 mm

5. Cuff (check one box only)

5a. TTS Tight to Shaft
 5b. Aire-Cuf™ Pedi

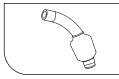


2.5-9.5 mm



2.5-5.5 mm

5b. Aire-Cuf Adult

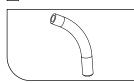


5.0-9.5 mm

5c. Fome-Cuf™



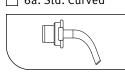
5d. Cuffless



2.5-9.5 mm

6. Shaft Option

6a. Std. Curved



2.5-9.5 mm



7. Optional

7a. Proximal (Top) Cuff

☐ TTS Cuff	
☐ Aire-Cuf	
☐ Fome-Cuf	
□ p	



Cuff position from Neck Flange Note: Minimum distance 2 mm

7b. Stoma Seal

\square Solid Silicone
mm O.D.
mm Length

☐ Tapered ☐ Non Tapered

7c. Distal (Bottom) Cuff

Cuff distance from tip to shaft 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

7e. Extra Horizontal Length _____ mm (30 mm max)

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

mospitat/etime	
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

	,		,
\bigcirc	Standard	service	(sterile

Standard service (no	on-sterile)
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\bigcirc	Express service (non-sterile)
\bigcirc	Next day service (non-sterile) USA only

