

Important

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

Bivona[™] Customized Adjustable Flange Tracheostomy Tube Template

1. Shaft Length

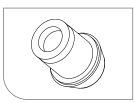
Shaft Length _ mm (30 mm min, 200 mm max)

2. Shaft

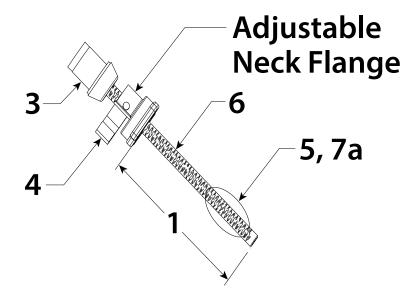
I.D.	O.D.	I.D.	O.D.	I.D.	O.D.	I.D.	O.D.	I.D.	0.D.	
2.5	4.0	4.0	6.0	○ 5.5	8.0	<u> </u>	10.0	○ 8.5	11.8	
○ 3.0	4.7	4.5	6.7	○ 6.0	8.7	○ 7.5	10.4	9.0	12.3	
○ 3.5	5.3	○ 5.0	7.3	○ 6.5	9.4	○ 8.0	11.0	O 9.5	13.3	

3. Connector (check one box only)

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



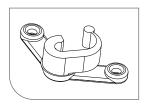


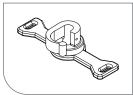


4. Neck Flange (check one box only)

4a. 2.5-5.5 mm

4c. 6.0-9.5 mm





5. Cuff (check one box only)

5a. TTS Tight to Shaft 5b. Air-Cufe™ Pedi



2.5-5.5 mm

5b. Aire-Cuf Adult



5.0-9.5 mm

5c. Fome-Cuf™ Adult



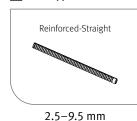
☐ 5d. Cuffless

2.5-9.5 mm

6. Shaft Option

2.5-9.5 mm

6a. Hyperflex™



Not intended for long term use.

This tube provides temporary airway access for a tracheostomized patient when determining the optimal tube length for the patient. This tube must be replaced with a fixed neck flange tracheostomy tube when the optimal length is determined.

7. Optional

7a. 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

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

Standard service (sterile)

Standard service (non-sterile)

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Express service (non-sterile)

