## PRESCRIPTION FORM THE BARTON - MAYO TRACHEOSTOMA BUTTON™

| Patient In       | <u>formation</u> | Date_   |               |
|------------------|------------------|---------|---------------|
| Name:            |                  |         |               |
| Address:         |                  |         |               |
| -                |                  |         |               |
| City:            |                  |         |               |
| Zip: _           | Phone:           |         |               |
|                  | #9 - Short       |         | #12 - Short   |
|                  | #9 - Regular     |         | #12 - Regular |
|                  | #9 - Long        |         | #12 - Long    |
|                  | #10 - Short      |         | #14 - Short   |
|                  | #10 - Regular    |         | #14 - Regular |
|                  | #10 - Long       |         | #14 - Long    |
| <u>Clinician</u> | Information      | e-mail: |               |
| Name:            |                  |         |               |
| Address:         |                  |         |               |
| -                |                  |         |               |
| City:            |                  |         |               |
| Zip: _           | Phone:           |         |               |
| Signature        | <b>)</b> :       |         |               |

Medical Innovations International Inc. 1-507-289-0761 phone, 1-507-281-9096 fax This form is available online at www.medicalinnovations.com

