

PRESCRIPTION FORM

THE BARTON TRACHEOSTOMA BUTTON™

Developed at Mayo Clinic

Patient Information

Date _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

_____ #9 - Short

_____ #12 - Short

_____ #9 - Regular

_____ #12 - Regular

_____ #9 - Long

_____ #12 - Long

_____ #10 - Short

_____ #14 - Short

_____ #10 - Regular

_____ #14 - Regular

_____ #10 - Long

_____ #14 - Long

Clinician Information

e-mail: _____

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Signature: _____

☐ Please check this box if the patient will be ordering directly from MII

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