

Please fill out patient information and email to canadaorder@inhealth.com or fax to (226)-641-5285

Personal Information:

First Name _____ Last Name _____

Address _____

City _____ Province _____ Postal Code _____

Email _____ Phone _____

Date of Birth _____ SLP Name & Phone _____

Hospital name _____

Signature _____ Date _____

Please choose ONE from the following:

DAY&NIGHT™ HME	 BE 1091-10 Day&Night™ ClassicFlow® (10 Pack)	 BE 1092-10 Day&Night™ EasyFlow® (10 Pack)
SPEAKFREE® HANDS-FREE HME	 BE 1090EZ-6 SpeakFree® ClassicFlow® (6 Pack)	 BE 1090EF-6 SpeakFree® EasyFlow® (6 Pack)

Please choose TWO from the following:

NEW	 BE 6088 TruFit™ (6-pack)	 BE 6082-6 AccuFit® Round (6-pack)	 BE 6083-6 AccuFit® Oval (6-pack)	 BE 6084-6 AccuFit® Extra Oval (6-pack)
	 BE 6085-6 HydroFit® Round (6-pack)	 BE 6086-6 HydroFit® Oval (6-pack)	 BE 6087-6 HydroFit® Extra Oval (6-pack)	

By receiving this sample, you may be contacted by InHealth Technologies® for order support, updates, and marketing information. Participating in our sample program allows you to open an account for easy future ordering and sign up for the Speakers Club e-news mailing list; you can unsubscribe anytime.