

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

Please choose TWO from the following:

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

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