

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)
	 BE 1090EZ-6 SpeakFree® ClassicFlow® (6 Pack)	 BE 1090EF-6 SpeakFree® EasyFlow® (6 Pack)

Please choose TWO from the following:

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

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