

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:

**SPEAKFREE®
HANDS-FREE HME**



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



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

Please choose TWO from the following:

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BE 6088-6
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)

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