



Try With
Our Compliments.

New Blom-Singer® SpeakFree™ HME Hands Free Valve

It's simple. Your
HME and hands
free speaking
valve, all in one.



Choose your flow and go!

Please choose either the SpeakFree™ with ClassicFlow® HME or
SpeakFree™ with EasyFlow® HME



Blom-Singer® Speakfree™ HME
Hands Free Valve with
ClassicFlow® HME



Blom-Singer® Speakfree™ HME
Hands Free Valve with
EasyFlow® HME



Added bonus for patients

Fill out the **Client/Patient Information Sheet** online to get your account opened and we'll ship you a 6-pack of our popular Blom-Singer® AccuFit® Adhesive Housings. You will be directed to the form upon completion of this complimentary sample request.



**Blom-Singer®
AccuFit®
Round, 6-pack**




**Blom-Singer®
AccuFit®
Oval, 6-pack**




**Blom-Singer®
AccuFit®
Oval Extra, 6-pack**



Try SpeakFree™ HME

Just fill in the information below and we will send you a free sample 6-pack. Simple and easy, just like the SpeakFree™!

<input type="text"/>	<input type="text"/>	
First Name:	Last Name:	
<input type="text"/>	<input type="text"/>	
Date of Birth:		
<input type="text"/>		
Address:		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City:	State/Province:	Postal Code:
<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>	
Email: <small>Check box to indicate preferred communication method.</small>	Phone:	
<input type="text"/>	<input type="text"/>	
SLP Full Name:	Facility:	
Please Select:		
<input type="radio"/>	I am a licensed health care provider. Please have an InHealth team member contact me.	
<input type="radio"/>	I am a patient or caregiver.	

*US and Canada only. Thank you for your interest in InHealth Technologies sample products. You may submit one request per year for each patient. Please be sure to complete all required fields before submitting the form. Your request will be reviewed for eligibility. By completing and submitting this form, you agree to receive news and announcements.

US Customers: Upon clicking **DONE** you will be directed to the Client/Patient Information Sheet where you will be asked to provide your email address to protect your privacy. The Client/Patient Information Sheet is to be completed by new patients only.

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