

**Our Lady's Children's Hospital
Community Care Request
Tracheostomy Tubes**

Patient Details	Diagnosis
	Weight
Parent / Guardian: Contact Number:	
Medical Card No :	

Discharging Ward :	Tel :
Clinical Nurse Specialist :	Tel :

Please Tick as appropriate

Tracheostomy Tubes

Brand: Shiley

Supplier : Health Care 21

Tel :01 882 29682

Size	Ref	Amount Per Month
Neo 3.0	Neo 3.0	
Neo 3.5	Neo 3.5	
Neo 4.0	Neo 4.0	

Size	Ref	Amount Per Month
Pead 3.0	Pead 3.0	
Pead 3.5	Pead 3.5	
Pead 4.0	Pead 4.0	
Pead 4.5	Pead 4.5	

Brand :Bivona

Supplier : Fannins Healthcare

Tel:

Size	Ref	Amount Per Year
Neo 2.5	67N25	
Neo 3.0	67N30	
Neo 3.5	67N35	
Neo 4.0	67N40	
Neo 4.5	67N45	

Size	Ref	Amount Per Year
Pead 2.5	60P025	
Pead 3.0	60P030	

Pead 3.5	60P035	
Pead 4.0	60P040	
Pead 4.5	60P045	
Pead 5.0	60P050	
Pead 5.5	60P055	

Brand : Bivona Flexextend

Supplier : Fannins

Tel:

Size	Ref	Amount Per Year
Neo 2.5	60NFP25	
Neo 3.0	60NFP30	
Neo 3.5	60NFP35	
Neo 4.0	60NFP40	
Neo 4.5	60NFP45	

Size	Ref	Amount Per Year
Pead 2.5	60PFS25	
Pead 3.0	60PFS30	
Pead 3.5	60PFS35	
Pead 4.0	60PFS40	
Pead 4.5	60PFS45	
Pead 5.0	60PFS50	
Pead 5.5	60PFS55	

Prescribing Hospital :	
Prescribers Signature :	IMC:
Prescribers Name :	

OLCHC are unable to provide any costing for equipment or related consumables.