

ORDER FORM FOR MODIFIED BARTON BUTTON™



PATIENT: _____ Date Ordered: _____

Ordered by: _____ PO #: _____

Office or Clinic Name _____

Phone number: _____ Fax Number: _____

Address to Bill and to Send Product: _____

Your e-mail address (for order confirmation:) _____

SIZE: 9 10 12 14 16 other ____ (A – Check or Circle One)

 short regular long other ____ (B – Check or Circle One)

LENGTH: (C - Check or Circle one of the following:)

 Increase shaft length by ____mm (Up to a maximum of 30mm)

 Decrease shaft length by ____mm (Down to a minimum of 6mm)

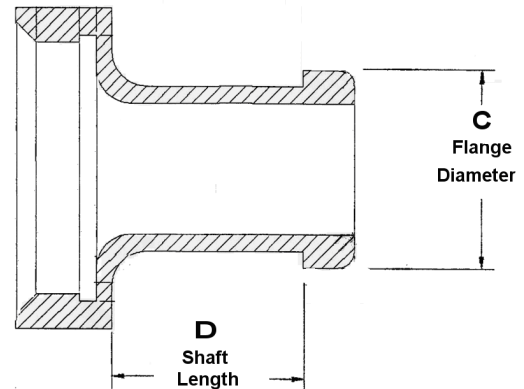
 No change in standard length

Visit website for sizing information on the original Barton Button™ Product www.Medicalinnovations.com

INCREASED POSTERIOR RETENTION FLANGE SIZE:

(D – Check or Circle one of the Following:)

Size 9	17mm	18mm	19mm
Size 10	17mm	19mm	20mm
Size 12	22mm	23mm	24mm
Size 14	23mm	24mm	26mm



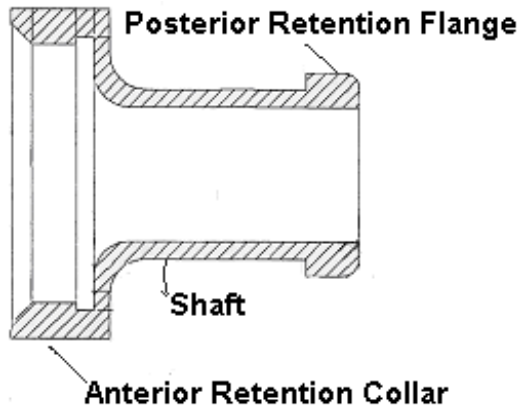
NOTE: For your information: the Existing Standard Posterior Retention Flange diameter sizes on the Original Barton Buttons™ are:

Size 9 – 16mm, Size 10 – 17mm, Size 12 – 19mm, Size 14 – 22mm.

DUROMETER (elasticity): All Modified Barton Buttons have a Durometer of 30 unless a 50 durometer is specified (30 is a somewhat 'softer' material). The Standard Barton Button has a durometer of 50.

Fax this form to 507 – 281 – 9096. Call 507 – 289 – 0761 for questions.

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Other Comments:

ORDERING INFORMATION:

Speech Pathologist:

CC# _____ **Exp. Date:** _____

Name on Card: _____

Signed: _____

Date: _____

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