



Give your Tracheostomized Kids A Friend ... *A Toby Tracheasaurus*

Have your patients send us a photograph of themselves wearing their Passy-Muir Speaking Valve along with their vital statistics: name, age, whether they are on or off the ventilator, how long they've been tracheostomized, diagnosis, phone number, email address and mailing address.

If your "large kids" (adults) want a Toby, we'll send one to them too!

Please be sure to have your patients include all the information and we'll send them a friend!

Please send me a Toby Tracheasaurus. My name is _____
and I am _____ years/ months old.

I am on a ventilator Yes No _____ hours per day.

I have been tracheostomized for _____ years / months.

Diagnosis _____

I am at home _____ in the hospital _____

My phone number is _____ Email address _____

I like my Passy-Muir Valve because _____

Therapist / Physician _____

I am using the following Passy-Muir Valve:

PMV 005 PMV 007 PMV 2000 PMV 2001 PMV 2020

Please send my Toby Tracheasaurus to: (please print)

Name: _____

Dept / Room #: _____

Hospital / Home: _____

Street: _____

City, State, Zip: _____

Fill out the information above and send along with a photo of the patient (wearing his/her PMV) to:

PASSY-MUIR INC. PMB 273, 4521 CAMPUS DRIVE, IRVINE, CA 92612
(800) 634-5397 • (949) 833-TALK (8255) • website: www.passy-muir.com • email: info@passy-muir.com

Optional: If you would like to give Passy-Muir, Inc. permission to utilize this photograph for publication/video/website purposes, please complete the following information. Thank you.

CONSENT TO USE PHOTOGRAPH

The undersigned hereby authorizes Passy-Muir, Inc. to use a photograph of _____
and agrees that they may use or permit other persons to use the negatives or prints prepared therefrom to

include or not include the use of the patient's full name and other identifying data in:

Passy-Muir Inc. website

Passy-Muir advertisements, videotapes and other educational and marketing materials

The undersigned hereby agrees to hold harmless Passy-Muir, Inc. and its officers, agents and employees from any liability resulting from or arising in connection with the taking, publication and release of photographs of the undersigned pursuant to this agreement.

Name/Parent (please print)

Signature

Date
