



Service aux laryngectomisés,
Programme d'aide à la communication
Hôtel-Dieu de Québec
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Service aux laryngectomisés,
Programme d'aide à la communication
CHUM
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COMMUNICATION AID REQUEST

Patient's name: _____ RAMQ: _____ Expiry: _____

DEVICES

Intra-oral artificial larynx

- Sound generator
- Adapted sound generator (*Extended grip*)
- Cord for sound generator
- Tubes: flexible rigid

Neck-held artificial larynx

Brand:

- Oral adapter
- Tubes: flexible rigid
- Charger
- Charger cord
- Storage bag

Voice amplifier

Type of microphone:

- Lapel Headset Gooseneck
- Carry bag

Telephone with voice amplifier

Teletypewriter (TTY)

* medical prescription required
** TEP prosthesis wearer only

SUPPLIES

Tracheoesophageal prosthesis (TEP prosthesis)

Brand: _____ *Type:* _____

Diameter: _____ *Length:* _____

Catheter _____ Fr

Brush for prosthesis Pipette for prosthesis

Plug insert for TEP:

Diameter: _____ *Brand:* _____

TEP occluder:

Length: _____ *Diameter:* _____

Valved insert for TEP

Hands-free valve for TEP prosthesis

InHealth Blom-Singer

Provox *Type:* _____

Replacement diaphragm (InHealth valve)

Arch for hands-free valve (Provox)

Flexible valve housing

Brand: _____ *Type:* _____

Rigid valve housing: Standard Large

Foam discs: Standard Large

Thin discs: Standard Large

Bottle of adhesive

Skin-prep pads

Adhesive pads

Adhesive remover pads

Silicone tubes* **/Stoma buttons* **

Brand: _____ *Model:* _____ *Size:* _____

Tube holder

Speaking valve*

Brand/type: _____

Accessories: _____

Foam filters (adhesive)

Professional: _____ Date: _____

This list is subject to change without notice.