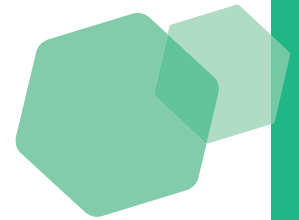


Your Tube Feeding **SUPPLIES**



Have your healthcare professional fill in all of the sections below that apply.

Feeding Tube

Name/Type of Tube:

Size of Feeding Tube (French size):

Brand/Manufacturer:

Feeding Supplies

Feeding Formula:

Brand/Manufacturer:

Type of Feeding Container:

Brand/Manufacturer:

Change Feeding Container Every _____ (hours or days)

Type of Tubing Needed to Attach to Feeding Container:

Change Feeding Tubing Every _____ (hours or days)

Name of Pump:

Brand/Manufacturer:

Other Supplies Needed (such as syringes, tape)

Follow the advice from your healthcare professional.