

Preparing to Travel

Before you travel, complete the following:

- Get a prescription from your physician so you can be seen by another clinician in case of emergency while you are traveling.
- Identify the name and contact number for a clinician that treats laryngectomees in the area you are visiting and **record this information on the back of this sheet.** Bring this information with you when you travel.
 - If you need assistance to identify a clinician in the area(s) you are traveling, domestically or internationally, Atos can help. Atos is represented in many countries around the world and may be able to assist you in locating healthcare professionals throughout your travel.
- A letter from your doctor may be needed to bring special medical equipment (i.e. suction, moist air, oxygen, hemostat) through airport security.
- Purchasing travel insurance that covers medical expenses is advised.

Be sure to pack enough laryngectomy supplies

Here is a general list of supplies. Consult your clinician for specific items:

Mirror	Provox® Adhesive Remover
Tweezers	Provox® Cleaning Towel
Hand sanitizer	Provox® ShowerAid™
Pen and paper	Electrolarynx and spare batteries
Emergency card* and/or medical bracelet*	Flashlight
Provox® daytime HMEs and Adhesives	Water soluble lubricant
Provox® Luna®	Saline bullets
Provox® Micron HME™	Cotton-tip applicators (for external use only)
Provox® Skin Barrier	

Voice Prosthesis Users:

Provox® Brush	Provox® Plug**
Provox® Flush	Atos Medical CareTips sheet "Topic 10: What to Do if Your VP Falls Out"
Voice Prosthesis (a back-up of your current size and type)	

*Indicating you are a neck breather (consider having it translated to local language if traveling abroad).

**Provox® Plug is available for Provovx®2 and Provovx® ActiValve®. Provovx® Vega™ Plug is for use with Provovx® Vega™ and Provovx® XtraSeal™.

Complete the following and bring this information with you when traveling

Primary clinician name and contact information

Name _____

Facility _____

Telephone _____ Email _____

Primary Ear, Nose and Throat Specialist name and contact information

Name _____

Facility _____

Telephone _____ Email _____

Healthcare Providers in the area(s) that you are traveling (i.e. Paris, Chicago, etc.):

Location _____
Clinician _____
Facility _____
Address _____

Telephone _____

Location _____
Clinician _____
Facility _____
Address _____

Telephone _____

Location _____
Clinician _____
Facility _____
Address _____

Telephone _____

Location _____
Clinician _____
Facility _____
Address _____

Telephone _____

The make, model, size and reference number of your voice prosthesis (VP)

Make, model: _____ Size: _____ Fr _____ mm, REF# _____

(ex.: Make, model: **Provox® Vega™** Size: 22.5 Fr 8 mm, REF# 8132)