

**Physician/Speech Pathologist Information** **Patient Information**

Name	NPI/UPIN	Name	
Facility		Address	
Address		City	State/Zip
City	State/Zip	City	State/Zip
Telephone ( )	Fax ( )	Telephone ( )	Fax ( )
E-mail		E-Mail	

REQUIRED

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**Blom-Singer® Patient Changeable Special Order Voice Prosthesis**

**16 Fr. Blom-Singer Duckbill Voice Prosthesis**

<i>Special Slit, 4mm</i>	<input type="checkbox"/> 11-207-01 (10mm)	<input type="checkbox"/> 11-207-02 (14mm)	<input type="checkbox"/> 11-207-03 (18mm)
<i>Special Slit, 6mm</i>	<input type="checkbox"/> 11-002-01 (10mm)	<input type="checkbox"/> 11-002-02 (14mm)	<input type="checkbox"/> 11-002-03 (18mm)
<i>Special Slit, 7mm</i>	<input type="checkbox"/> 11-001-01 (10mm)	<input type="checkbox"/> 11-001-02 (14mm)	<input type="checkbox"/> 11-001-03 (18mm)
<i>Special Length</i>	<input type="checkbox"/> 11-901-04 (16mm)	<input type="checkbox"/> 11-901-05 (20mm)	
<i>Long Strap</i>	<input type="checkbox"/> 11-003-01 (10mm)	<input type="checkbox"/> 11-003-02 (14mm)	<input type="checkbox"/> 11-003-03 (18mm)
	<input type="checkbox"/> 11-003-04 (22mm)	<input type="checkbox"/> 11-003-05 (25mm)	<input type="checkbox"/> 11-003-06 (28mm)

**16 Fr. Blom-Singer Low Pressure Voice Prosthesis**

<i>Increased Resistance</i>	<input type="checkbox"/> LP16-006-IR (6mm)	<input type="checkbox"/> LP16-008-IR (8mm)	<input type="checkbox"/> LP16-010-IR (10mm)
	<input type="checkbox"/> LP16-012-IR (12mm)	<input type="checkbox"/> LP16-014-IR (14mm)	<input type="checkbox"/> LP16-018-IR (18mm)
	<input type="checkbox"/> LP16-022-IR (22mm)	<input type="checkbox"/> LP16-025-IR (25mm)	<input type="checkbox"/> LP16-028-IR (28mm)
<i>Special Length</i>	<input type="checkbox"/> 11-902-06 (4mm)	<input type="checkbox"/> 11-902-04 (16mm)	<input type="checkbox"/> 11-902-05 (20mm)
<i>Long Strap</i>	<input type="checkbox"/> 11-004-00 (6mm)	<input type="checkbox"/> 11-004-01 (10mm)	<input type="checkbox"/> 11-004-02 (14mm)
	<input type="checkbox"/> 11-004-03 (18mm)	<input type="checkbox"/> 11-004-04 (22mm)	<input type="checkbox"/> 11-004-05 (25mm)

**18 Fr. Blom-Singer Low Pressure Voice Prosthesis**

	<input type="checkbox"/> 11-243-02 (10mm)
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**20 Fr. Blom-Singer Low Pressure Voice Prosthesis**

<i>Increased Resistance</i>	<input type="checkbox"/> LP20-006-IR (6mm)	<input type="checkbox"/> LP20-008-IR (8mm)	<input type="checkbox"/> LP20-010-IR (10mm)
	<input type="checkbox"/> LP20-012-IR (12mm)	<input type="checkbox"/> LP20-014-IR (14mm)	<input type="checkbox"/> LP20-018-IR (18mm)
	<input type="checkbox"/> LP20-022-IR (22mm)	<input type="checkbox"/> LP20-025-IR (25mm)	
<i>Special Length</i>	<input type="checkbox"/> 11-251-06 (4mm)	<input type="checkbox"/> 11-251-04 (16mm)	<input type="checkbox"/> 11-251-05 (20mm)

**Blom-Singer® Clinician Placed Special Order Voice Prosthesis**

**20 Fr. Blom-Singer CLASSIC Indwelling Voice Prosthesis — Nonsterile**

<i>Increased Resistance</i>	<input type="checkbox"/> IN2006-IR (6mm)	<input type="checkbox"/> IN2008-IR (8mm)	<input type="checkbox"/> IN2010-IR (10mm)
	<input type="checkbox"/> IN2012-IR (12mm)	<input type="checkbox"/> IN2014-IR (14mm)	<input type="checkbox"/> IN2018-IR (18mm)
	<input type="checkbox"/> IN2022-IR (22mm)	<input type="checkbox"/> IN2025-IR (25mm)	
<i>Special Length</i>	<input type="checkbox"/> IN2004-SL (4mm)	<input type="checkbox"/> IN2005-SL (5mm)	<input type="checkbox"/> IN2007-SL (7mm)
	<input type="checkbox"/> IN2009-SL (9mm)	<input type="checkbox"/> IN2011-SL (11mm)	<input type="checkbox"/> IN2013-SL (13mm)
	<input type="checkbox"/> IN2016-SL (16mm)	<input type="checkbox"/> IN2020-SL (20mm)	<input type="checkbox"/> IN2025-SL (25mm)
<i>Large Esophageal Flange</i>	<input type="checkbox"/> IN2004-LEF (4mm)	<input type="checkbox"/> IN2005-LEF (5mm)	<input type="checkbox"/> IN2006-LEF (6mm)
	<input type="checkbox"/> IN2008-LEF (8mm)	<input type="checkbox"/> IN2010-LEF (10mm)	<input type="checkbox"/> IN2012-LEF (12mm)
	<input type="checkbox"/> IN2014-LEF (14mm)		

SELECT PRODUCT

REQUIRED

**This prescription is valid for:**  One Year  Two Years

Physician/Speech Pathologist Signature: \_\_\_\_\_ Today's Date \_\_\_\_\_