**INHEALTH**
TECHNOLOGIES®

| | | | | | |
|---|---|---|---|---|---|
| Name | | Phone | | Date of Birth | |
| Street Address | | City | | State | Zip |
| Email | | | | Gender | |

## PRESCRIPTION AND MEDICAL NECESSITY FORM

Please complete all necessary fields and mail, fax, or email to: IHT Customer Service • 1110 Mark Ave • Carpinteria, CA 93013 • Fax: 734-354-5757 • Email: ihtrx@inhealth.com
Customer Service: 800-477-5969

### BLOM-SINGER® VOICE PROSTHESES (1 EA)

| PATIENT CHANGEABLE | DIAMETER (Fr) | LENGTH (mm) | QTY/FREQ | OTHER |
|---|---|---|---|---|
| Duckbill [L8507] | 16 Fr only | ☐ 6 ☐ 8 ☐ 10 ☐ 12 ☐ 14 — ☐ 18 | 2/mo | |
| Low Pressure [L8507] | ☐ 16 ☐ 20 | ☐ 4 ☐ 6 ☐ 8 ☐ 10 ☐ 12 ☐ 14 ☐ 16 ☐ 18 ☐ 20 ☐ 22 ☐ 25 ☐ 28 (16 Fr only) | 2/mo | |
| Low Pressure - Special Order Increased Resistance [L8507] | 16 Fr only | ☐ 6 ☐ 8 ☐ 10 ☐ 12 ☐ 14 — ☐ 18 — ☐ 22 ☐ 25 ☐ 28 | 2/mo | |
| Low Pressure - Special Order Increased Resistance [L8507] | 20 Fr only | ☐ 6 ☐ 8 ☐ 10 ☐ 12 ☐ 14 | 2/mo | |
| **CLINICIAN PLACED/INDWELLING** | **DIAMETER (Fr)** | **LENGTH (mm)** | **QTY/FREQ** | **OTHER** |
| Classic - Sterile [L8509] | ☐ 16 ☐ 20 | ☐ 8 ☐ 10 ☐ 12 ☐ 14 | 1/mo | |
| Classic - Non-Sterile [L8509] | ☐ 16 ☐ 20 | ☐ 4 ☐ 6 ☐ 8 ☐ 10 ☐ 12 ☐ 14 ☐ 16 ☐ 18 ☐ 20 | 1/mo | |
| Advantage® Soft Valve (AS) [L8509] | ☐ 16 ☐ 20 | ☐ 4 ☐ 6 ☐ 8 ☐ 10 ☐ 12 ☐ 14 | 1/mo | |
| Advantage® Hard Valve (AD) [L8509] | 20 Fr only | ☐ 4 ☐ 6 ☐ 8 ☐ 10 ☐ 12 ☐ 14 | 1/mo | |
| Dual Valve™ (DV) [L8509] | ☐ 20 ☐ 20 (LF) | ☐ 6 ☐ 8 ☐ 10 ☐ 12 ☐ 14 | 1/mo | |

| CLINICIAN PLACED/INDWELLING - SPECIAL ORDER: ☐ 16 Fr ☐ 20 Fr | QTY/FREQ | OTHER | | QTY/FREQ | OTHER |
|---|---|---|---|---|---|
| Special Length (SL) [L8509] ☐ 5 ☐ 7 ☐ 9 | 1/mo | | Lrg. Esoph. & Tracheal Flanges (LF) [L8509] ☐ 4 ☐ 6 ☐ 8 ☐ 10 ☐ 12 ☐ 14 | 1/mo | |
| Increased Resistance (IR) [L8509] ☐ 6 ☐ 8 ☐ 10 ☐ 12 | 1/mo | | Lrg. Esoph. Flg. - Incr. Res (LEIR) [L8509] ☐ 4 ☐ 6 ☐ 8 | 1/mo | |
| Lrg. Esoph. Flg. (LEF) [L8509] ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 10 ☐ 12 ☐ 14 | 1/mo | | Lrg. Esoph. Flg. TEP Occluder (LETO) [L8509] ☐ 4 ☐ 6 ☐ 8 ☐ 10 ☐ 12 ☐ 14 | 1/mo | |

| BLOM-SINGER® VOICE PROSTHESES ACCESSORIES | QTY/FREQ | OTHER | | QTY/FREQ | OTHER |
|---|---|---|---|---|---|
| Tracheoesophageal Puncture Dilator (1 EA) [L8514] ☐ 18 Fr ☐ 22 Fr | 1/mo | | Plug Insert (1 EA) [L8511] ☐ 16 Fr ☐ 20 Fr | 1/mo | |
| Replacement Gel Caps (1 pk) [L8512] ☐ 16 Fr ☐ 18 Fr ☐ 20 Fr ☐ 22 Fr | 1/mo | | Cleaning Brushes (3 EA) [L8513] ☐ 4-8 mm ☐ 9-16 mm ☐ 18-22 mm | 1/mo | |
| Flushing Device (3 EA) [L8513] ☐ (one size fits all) | | | | 1/mo | |

### BLOM-SINGER® HME (30 EA unless otherwise noted)

| ☐ Check here to include all HMEs or specify below | QTY/FREQ | OTHER | | QTY/FREQ | OTHER |
|---|---|---|---|---|---|
| ☐ SpeakFree® HME with Hands Free Valve: ClassicFlow® [A7501, A7507] | 1 bx/mo | | ☐ SpeakFree® HME with Hands Free Valve: EasyFlow® [A7501, A7507] | 1 bx/mo | |
| ☐ Day&Night® HME Heat & Moisture Exchange: ClassicFlow® [A7507] | 2 bx/mo | | ☐ Day&Night® HME Heat & Moisture Exchange: EasyFlow® [A7507] | 2 bx/mo | |

| BLOM-SINGER® ADHESIVE HOUSING (30 EA unless otherwise noted) ☐ Check here to include all Adhesive Housings or specify below | QTY/FREQ | OTHER |
|---|---|---|
| ☐ AccuFit® Adhesive Housing [A7508] ☐ HydroFit® Adhesive Housing [A7508] | 2 bx/mo | |

| LARYNGECTOMY TUBES & ACCESSORIES (1 EA unless otherwise noted) | QTY/FREQ | OTHER |
|---|---|---|
| ☐ StomaSoft® HME-Compatible Tube (Non-Fenestrated) [A7520] ☐ Fenestrated ☐ 8/36 ☐ 8/55 ☐ 9/36 ☐ 9/55 ☐ 10/36 ☐ 10/55 ☐ 12/36 ☐ 12/55 | 1/3 mo | |
| ☐ Blom-Singer® Sterile/Non-Fenestrated Laryngectomy Tube [A7520] ☐ 8/36 ☐ 8/55 ☐ 9/36 ☐ 9/55 ☐ 10/36 ☐ 10/55 ☐ 12/36 ☐ 12/55 | 1/3 mo | |
| ☐ Marpac Tracheostomy Tube Holder 204 [A7526] | 15/mo | |

| ELECTROLARYNX (1 EA) | QTY/FREQ | OTHER | | QTY/FREQ | OTHER |
|---|---|---|---|---|---|
| ☐ Blom-Singer® ElectroLarynx EL2000 [L8500] | 1/5 yr | | ☐ Oral Adapter EL2002 [L8505] | 2/yr | |

| BLOM-SINGER® TRACHEOSTOMA ACCESSORIES & SKIN CARE | QTY/FREQ | OTHER | | QTY/FREQ | OTHER |
|---|---|---|---|---|---|
| ☐ Shower Guard (housing and tape discs included) (1 kit) [A9270] | 1/mo | | ☐ Skin-Prep™ Barrier Wipes & Skin-Tac™ Wipes, box of 50 (1 bx) [A5120] | 3/mo | |
| ☐ Tracheostoma Valve Housing (1 EA) [A7505] ☐ Standard ☐ Large | 2/3 mo | | ☐ Remove™ Adhesive Remover Wipes, box of 50 (1 bx) [A4456] | 1/mo | |
| ☐ Adhesive Tape Discs (30 pk) [A7506] ☐ Standard ☐ Large | 2/mo | | ☐ Silicon Adhesive Glue (1 oz) [A4364] | 2/mo | |
| ☐ ADDvox® Stoma Filters w/Microporous Adhesive (60 pk) [A4481] | 1/mo | | ☐ Other: | 1/mo | |
| ☐ Foam Stoma Protector (30 pk) [A4481] | 2/mo | | | | |

### DIAGNOSIS AND PHYSICIAN INFORMATION (*Required)

| | | | |
|---|---|---|---|
| Diagnosis ICD-10: Z43.0, R49.1, R09.3, C32.9 | Other: | Rx Start Date (if different than date below) | |
| Reason for Medical Necessity: Laryngectomy | Other: | PLEASE SUBMIT MEDICAL RECORDS WITH Rx | |

☐ I hereby authorize InHealth Technologies to ship prescribed Indwelling Voice Prosthesis directly to patient

| | | | | | |
|---|---|---|---|---|---|
| Facility Name | | SLP Name | | SLP Phone | |
| Address | | | | | |
| City/State/Zip | | SLP Email | | Fax | |
| *Physician Name | | Physician Email (optional) | | Phone | |
| *Physician Signature | | *Signature Date | | *NPI# | |

I certify the medical necessity of this item for the patient. This section of the form and any statement on my letterhead attached here has been completed by me or by my employees and reviewed by me. The foregoing information is true, accurate and complete; any falsification, omission or concealment of material fact may subject me to civil or criminal liability. Caution: Federal (USA) law restricts these devices to sale by or on the order of a physician. The products list, physician notes, and other supporting documentation will be provided to InHealth Technologies and/or an authorized distributor upon request.

**This is a prescription form only and will NOT automatically generate an order. Rx valid for 1 year from signature date unless otherwise indicated.**
**WE DO NOT SUBSTITUTE PRODUCT.**