

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)	
Low Pressure - Special Order Increased Resistance [L8507]	16 Fr only	6	8	10	12	14	—	18	—	22	25	28		
Low Pressure - Special Order Increased Resistance [L8507]	20 Fr only	6	8	10	12	14								
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 (LET0) [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]	Standard (4-10 mm)	Long (12-20 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]	TruFit™ Adhesive Housing [A7508]							2 bx/mo					
LARYNGECTOMY TUBES & ACCESSORIES (1 EA unless otherwise noted)		QTY/FREQ			OTHER								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		
Laryngectomy Button [A7524]	12/8 14/8 16/8 18/8											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				SLP Email				Fax						
City/State/Zip														
*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.