

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	16 Fr only	<input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14 — <input type="checkbox"/> 18	2/mo	
Low Pressure	<input type="checkbox"/> 16 <input type="checkbox"/> 20	<input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14 <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 20 <input type="checkbox"/> 22 <input type="checkbox"/> 25 <input type="checkbox"/> 28 (16Fr only)	2/mo	
Low Pressure - Special Order Increased Resistance	16 Fr only	<input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14 — <input type="checkbox"/> 18 — <input type="checkbox"/> 22 <input type="checkbox"/> 25 <input type="checkbox"/> 28	2/mo	
Low Pressure - Special Order Increased Resistance	20 Fr only	<input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14	2/mo	

CLINICIAN PLACED/INDWELLING	DIAMETER (FR)	LENGTH (mm)	QTY/FREQ	OTHER
Classic – Sterile	<input type="checkbox"/> 16 <input type="checkbox"/> 20	<input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14	1/mo	
Classic – Non-Sterile	<input type="checkbox"/> 16 <input type="checkbox"/> 20	<input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14 <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 20	1/mo	
Advantage® Soft Valve (AS)	<input type="checkbox"/> 16 <input type="checkbox"/> 20	<input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14	1/mo	
Advantage® Hard Valve (AD)	20 Fr only	<input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14	1/mo	
Dual Valve™ (DV)	<input type="checkbox"/> 20 <input type="checkbox"/> 20 (LF)	<input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14	1/mo	

CLINICIAN PLACED/INDWELLING - SPECIAL ORDER:	DIAMETER (FR)	QTY/FREQ	OTHER	QTY/FREQ	OTHER
Special Length (SL)	<input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 9	1/mo		Large Esophageal & Tracheal Flanges (LF)	<input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14 1/mo
Increased Resistance (IR)	<input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12	1/mo		Large Esophageal Flange - Increased Resistance (LEIR)	<input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 1/mo
Large Esophageal Flange (LEF)	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14	1/mo		Large Esophageal Flange - TEP Occluder (LETO)	<input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14 1/mo

BLOM-SINGER® VOICE PROSTHESIS ACCESSORIES	QTY/FREQ	OTHER	QTY/FREQ	OTHER	
Tracheoesophageal Puncture Dilator (1 EA)	<input type="checkbox"/> 18 Fr <input type="checkbox"/> 22 Fr	1/mo		Plug Insert (1 EA)	<input type="checkbox"/> 16 Fr <input type="checkbox"/> 20 Fr 1/mo
Low Pressure Gel Cap Insertion System (1 pk)	<input type="checkbox"/> (for 16/20 Fr)	1/mo		Cleaning Brushes (3 EA)	<input type="checkbox"/> 4-8 mm <input type="checkbox"/> 9-16 mm <input type="checkbox"/> 18-22 mm 1/mo
Replacement Gel Caps (1 pk)	<input type="checkbox"/> 16 Fr <input type="checkbox"/> 18Fr <input type="checkbox"/> 20 Fr <input type="checkbox"/> 22 Fr	1/mo		Flushing Device (3 EA)	<input type="checkbox"/> (one size fits all) 1/mo

BLOM-SINGER® HME (30 EA unless otherwise noted)	QTY/FREQ	OTHER	QTY/FREQ	OTHER
<input type="checkbox"/> Check here to include all HMEs or specify below				
<input type="checkbox"/> SpeakFree® HME with Hands Free Valve: ClassicFlow®	2 bx/mo		<input type="checkbox"/> SpeakFree® HME with Hands Free Valve: EasyFlow®	2 bx/mo
<input type="checkbox"/> Day&Night™ HME Heat & Moisture Exchange: ClassicFlow®	2 bx/mo		<input type="checkbox"/> Day&Night™ HME Heat & Moisture Exchange: EasyFlow®	2 bx/mo
<input type="checkbox"/> ClassicFlow® HME	2 bx/mo		<input type="checkbox"/> EasyFlow® HME	2 bx/mo

BLOM-SINGER® ADHESIVE HOUSING (30 EA unless otherwise noted)	QTY/FREQ	OTHER	BLOM-SINGER® HUMIDIFIERS® & ATSV II	QTY/FREQ	OTHER
<input type="checkbox"/> Check here to include all HOUSINGS or specify below					
<input type="checkbox"/> AccuFit® Adhesive Housing	2 bx/mo		<input type="checkbox"/> Humidifier® Holder (1/6 mo)	<input type="checkbox"/> Humidifier® Foam Filters (30 pk)	2/mo
<input type="checkbox"/> HydroFit® Adhesive Housing	2 bx/mo		<input type="checkbox"/> ATSV II Body & Diaphragm/Faceplate (1 EA)		1/mo
<input type="checkbox"/> TruSeal® Contour™ Low Profile Adhesive Housing	2 bx/mo		<input type="checkbox"/> ATSV II Cap & 7 Foam Filters (1/6 mo)	<input type="checkbox"/> ATSV II Humidifier® Foam Filters (30 pk)	2/mo

LARYNGECTOMY TUBES & ACCESSORIES (1 EA unless otherwise noted)	QTY/FREQ	OTHER
<input type="checkbox"/> StomaSoft® HME-Compatible Tube (Non-Fenestrated) <input type="checkbox"/> Fenestrated	<input type="checkbox"/> 8/36 <input type="checkbox"/> 8/55 <input type="checkbox"/> 9/36 <input type="checkbox"/> 9/55 <input type="checkbox"/> 10/36 <input type="checkbox"/> 10/55 <input type="checkbox"/> 12/36 <input type="checkbox"/> 12/55	1/3 mo
<input type="checkbox"/> Blom-Singer® Sterile/Non-Fenestrated Laryngectomy Tube	<input type="checkbox"/> 8/36 <input type="checkbox"/> 8/55 <input type="checkbox"/> 9/36 <input type="checkbox"/> 9/55 <input type="checkbox"/> 10/36 <input type="checkbox"/> 10/55 <input type="checkbox"/> 12/36 <input type="checkbox"/> 12/55	1/3 mo
<input type="checkbox"/> Barton-Mayo™ Button	<input type="checkbox"/> 9/short <input type="checkbox"/> 9/regular <input type="checkbox"/> 9/long <input type="checkbox"/> 12/short <input type="checkbox"/> 12/regular <input type="checkbox"/> 12/long <input type="checkbox"/> 10/short <input type="checkbox"/> 10/regular <input type="checkbox"/> 10/long <input type="checkbox"/> 14/short <input type="checkbox"/> 14/regular <input type="checkbox"/> 14/long	1/3 mo
<input type="checkbox"/> Marpac Tracheostomy Tube Holder 204		15/mo

ELECTROLARYNX (1 EA)	QTY/FREQ	OTHER
<input type="checkbox"/> Blom-Singer® ElectroLarynx EL1000		1/5 yr

BLOM-SINGER® TRACHEOSTOMA ACCESSORIES & SKIN CARE	QTY/FREQ	OTHER	QTY/FREQ	OTHER
<input type="checkbox"/> Shower Guard (housing and tape discs included) (1 kit)	1/mo		<input type="checkbox"/> Skin-Prep™ Barrier Wipes, box of 50 & Cavilon™ No Sting Barrier Film, box of 25	3/mo
<input type="checkbox"/> Tracheostoma Valve Housing (1 ea) <input type="checkbox"/> Standard <input type="checkbox"/> Large	2/3 mo		<input type="checkbox"/> Skin-Tac™ Wipes, box of 50 (1 bx)	3/mo
<input type="checkbox"/> Adhesive Tape Discs (30 pk) <input type="checkbox"/> Standard <input type="checkbox"/> Large	2/mo		<input type="checkbox"/> Remove™ Adhesive Remover Wipes, box of 50 (1 bx)	1/mo
<input type="checkbox"/> ADDvox® Stoma Filters w/Microporous Adhesive (60 pk)	1/mo		<input type="checkbox"/> Silicone Adhesive Glue (1 oz)	2/mo
<input type="checkbox"/> Foam Stoma Protector (30 pk)	2/mo		<input type="checkbox"/> Other:	1/mo

DIAGNOSIS AND PHYSICIAN INFORMATION (*Required)

Diagnosis ICD-10: **Z43.0, R49.1, C32.9** Other: _____ Rx Start Date (if different than date below) _____

Reason for Medical Necessity: **Laryngectomy** Other: _____

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 Email (optional)	Phone
*Physician Signature (no stamps allowed)	*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.