INHEALTH TECHNOLOGIES®

Name:	Phone:	Date of Birth:	
Street Address:	City:	State:	Zip:
Email:		Gender: Select an option	

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 (16Fr 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 Flg. (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	
Large Esophageal Flange (LEF) [L8509] ☐ 4 ☐ 6 ☐ 8 ☐ 10 ☐ 12 ☐ 14	1/mo		Lrg. Esoph. Flg. TEP Occluder (LETO) [L8509] ☐ 4 ☐ 6 ☐ 8 ☐ 10 ☐ 12 ☐ 14	1/mo	

BLOM-SINGER® VOICE PROSTHESIS 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® VOICE PROSTHESIS ACCESSORIES ☐ 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 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
☐ Blom-Singer® ElectroLarynx EL2000 [L8500]	1/5 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		☐ Silicone Adhesive Glue (1 oz) [A4364]	2/mo	
☐ Foam Stoma Protector (30 pk) [A4481]	2/mo		☐ ADDvox® Stoma Filters w/Microporous Adhesive (60 pk) [A4481]	1/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:
*Physician Name:	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 devicwes 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.