

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 6 8 10 12 14 18 2/mo
Low Pressure 16 20 4 6 8 10 12 14 16 18 20 22 25 28 (16Fr only) 2/mo
Low Pressure - Special Order Increased Resistance 16 Fr only 6 8 10 12 14 18 22 25 28 2/mo
Low Pressure - Special Order Increased Resistance 20 Fr only 6 8 10 12 14 2/mo
CLINICIAN PLACED/INDWELLING DIAMETER (Fr) LENGTH (mm) QTY/FREQ OTHER
Classic - Sterile 16 20 8 10 12 14 1/mo
Classic - Non-Sterile 16 20 4 6 8 10 12 14 16 18 20 1/mo
Advantage® Soft Valve (AS) 16 20 4 6 8 10 12 14 1/mo
Advantage® Hard Valve (AD) 20 Fr only 4 6 8 10 12 14 1/mo
Dual Valve™ (DV) 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) 5 7 9 1/mo Large Esophageal & Tracheal Flanges (LF) 4 6 8 10 12 14 1/mo
Increased Resistance (IR) 6 8 10 12 1/mo Large Esophageal Flange - Increased Resistance (LEIR) 4 6 8 1/mo
Large Esophageal Flange (LEF) 4 5 6 7 8 10 12 14 1/mo Large Esophageal Flange - TEP Occluder (LETO) 4 6 8 10 12 14 1/mo
BLOM-SINGER® VOICE PROSTHESIS ACCESSORIES QTY/FREQ OTHER QTY/FREQ OTHER
Tracheoesophageal Puncture Dilator (1 EA) 18 Fr 22 Fr 1/mo Plug Insert (1 EA) 16 Fr 20 Fr 1/mo
Replacement Gel Caps (1 pk) 16 Fr 18 Fr 20 Fr 22 Fr 1/mo Cleaning Brushes (3 EA) 4-8 mm 9-16 mm 18-22 mm 1/mo
Flushing Device (3 EA) (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® 2 bx/mo SpeakFree® HME with Hands Free Valve: EasyFlow® 2 bx/mo
Day&Night® HME Heat & Moisture Exchange: ClassicFlow® 2 bx/mo Day&Night® HME Heat & Moisture Exchange: EasyFlow® 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 2 bx/mo
HydroFit® Adhesive Housing 2 bx/mo
LARYNGECTOMY TUBES & ACCESSORIES (1 EA unless otherwise noted) QTY/FREQ OTHER
StomaSoft® HME-Compatible Tube (Non-Fenestrated) 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 8/36 8/55 9/36 9/55 10/36 10/55 12/36 12/55 1/3 mo
Marpac Tracheostomy Tube Holder 204 15/mo
ELECTROLARYNX (1 EA) QTY/FREQ OTHER
Blom-Singer® ElectroLarynx EL1000 1/5 yr
BLOM-SINGER® TRACHEOSTOMA ACCESSORIES & SKIN CARE QTY/FREQ OTHER QTY/FREQ OTHER
Shower Guard (housing and tape discs included) (1 kit) 1/mo Skin-Prep™ Barrier Wipes, box of 50 3/mo
Tracheostoma Valve Housing (1 ea) Standard Large 2/3 mo Skin-Tac™ Wipes, box of 50 (1 bx) 3/mo
Adhesive Tape Discs (30 pk) Standard Large 2/mo Remove™ Adhesive Remover Wipes, box of 50 (1 bx) 1/mo
ADDvox® Stoma Filters w/Microporous Adhesive (60 pk) 1/mo Silicone Adhesive Glue (1 oz) 2/mo
Foam Stoma Protector (30 pk) 2/mo Other: 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
City/State/Zip *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 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.