

Name	Phone	Date of Birth	
Street Address	City	State	Zip
Email			

PRESCRIPTION AND MEDICAL NECESSITY FORM

Please complete all required 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 (16 Fr 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											
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:											
	<input type="checkbox"/> 16 Fr <input type="checkbox"/> 20 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, 16/20 Fr (1 pk)		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"/> 18 Fr <input type="checkbox"/> 20 Fr <input type="checkbox"/> 22 Fr	1/mo		Flushing Device (3 EA)					1/mo		
BLOM-SINGER® HME (30 EA unless otherwise noted)											
<input type="checkbox"/>	Check here to include all HMEs or specify below		QTY/FREQ	OTHER					QTY/FREQ	OTHER	
<input type="checkbox"/>	SpeakFree™ HME with Hands-Free Valve: ClassicFlow®	2 bx/mo		<input type="checkbox"/>	ClassicFlow® HME				2 bx/mo		
<input type="checkbox"/>	SpeakFree™ HME with Hands-Free Valve: EasyFlow®	2 bx/mo		<input type="checkbox"/>	EasyFlow® HME				2 bx/mo		
BLOM-SINGER® ADHESIVE HOUSINGS (30 EA unless otherwise noted)											
<input type="checkbox"/>	Check here to include all housings or specify below		QTY / FREQ	OTHER					QTY/FREQ	OTHER	
<input type="checkbox"/>	AccuFit® Adhesive Housing	2 bx/mo		<input type="checkbox"/>	HumidiFilter® Holder (1 EA)	<input type="checkbox"/>	HumidiFilter® Foam Filter (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	<input type="checkbox"/>	ATSV II HumidiFilter® Foam Filters (30 pk)		2/mo		
LARYNGECTOMY TUBES & ACCESSORIES (1 EA unless otherwise noted)											
		SIZE/LENGTH (mm)							QTY/FREQ	OTHER	
<input type="checkbox"/>	StomaSoft® HME-Compatible Tube (Non-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"/>	Biom-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						1/3 mo		
		<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								
<input type="checkbox"/>	Marpac Tracheostomy Tube Holder	8/mo		<input type="checkbox"/>	Kapitex® Trachi-Swab (50 pk)				1/mo		
ELECTROLARYNX (1 EA)											
<input type="checkbox"/>	Biom-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)	1/3 mo		<input type="checkbox"/>	Skin-Prep™ Barrier Wipes, box of 50 (1 bx)				3/mo		
<input type="checkbox"/>	Tracheostoma Valve Housing <input type="checkbox"/> standard <input type="checkbox"/> large	2/3 mo		<input type="checkbox"/>	Cavilon™ No Sting Barrier Film, box of 25 (1 bx)				3/mo		
<input type="checkbox"/>	Tracheostoma Valve Housing, PVC <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 <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)				1/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:								
<input type="checkbox"/> 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 <small>(no stamps allowed)</small>				*Signature Date			*NPI/Lic #				

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 and 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.