

Name	Phone	Birthdate
Address/City/State/Zip		

PRESCRIPTION AND MEDICAL NECESSITY FORM

Please complete prescription form 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											
PATIENT CHANGEABLE	DIAMETER (Fr.)	LENGTH (mm)								QTY / FREQ of USE	
Duckbill VP (1 ea)	16 —	—	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 10	<input type="checkbox"/> 12	<input type="checkbox"/> 14	—	<input type="checkbox"/> 18	— — — —	/
Low Pressure VP (1 ea)	<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)	/
Low Pressure VP - Sp. Increased Resist. (1 ea)	16 —	—	<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	/
Low Pressure VP - Sp. Increased Resist. (1 ea)	— 20	—	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 10	<input type="checkbox"/> 12	<input type="checkbox"/> 14	—	—	— — — —	/
CLINICIAN PLACED											
DIAMETER (Fr.)	LENGTH (mm)								QTY / FREQ of USE		
Classic Indw. VP - Sterile (1 ea)	<input type="checkbox"/> 16 <input type="checkbox"/> 20	—	—	<input type="checkbox"/> 8	<input type="checkbox"/> 10	<input type="checkbox"/> 12	<input type="checkbox"/> 14	—	—	—	/
Classic Indw. VP - Nonsterile ((1 ea)	<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	/
Advantage® Indw. VP - Nonsterile Soft Valve (1 ea)	<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	—	—	—	/
Advantage® Indw. VP - Nonsterile Hard Valve (1 ea)	— 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	—	—	—	/
Dual Valve® Indw. VP - Nonsterile (1 ea)	<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	—	—	—	/
CLINICIAN PLACED - SPECIAL ORDER											
DIAMETER (Fr.)	QTY / FREQ of USE								<input type="checkbox"/> 16 <input type="checkbox"/> 20 (Fr.)	QTY / FREQ of USE	
Special Length (1 ea) <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 9	/								Lrg Esoph Flange & Trach (1 ea) <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14	/	
Increased Resistance (1 ea) <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12	/								Lrg Esoph Flange - IR (1 ea) <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8	/	
Lrg Esoph Flange (1 ea) <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	/								Lrg Esoph Flange - TEP Occluder (1 ea) <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14	/	
BLOM-SINGER® VP ACCESSORIES											
DIAMETER (Fr.)	QTY / FREQ of USE								DIAMETER (Fr.) / SIZE (mm)	QTY / FREQ of USE	
Tracheoesophageal Puncture Dilators (1 ea) <input type="checkbox"/> 18 <input type="checkbox"/> 22	/								Plug Insert (1 ea) <input type="checkbox"/> 16 <input type="checkbox"/> 20	/	
Low Pressure Gel Cap Insertion System, 16/20 Fr. (1 pk)	/								Cleaning Brushes, 16/20 Fr. (3 ea) <input type="checkbox"/> 4-8 mm <input type="checkbox"/> 9-16 mm <input type="checkbox"/> 18-22 mm	/	
Replacement Gel Caps, pack of 90 (1 pk) <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 20 <input type="checkbox"/> 22	/								Flushing Device, pack of 3 (1 pk)	/	
BLOM-SINGER® HANDSFREE SPEECH											
QTY / FREQ of USE					QTY / FREQ of USE						
ATSV II Valve (Body and Diaphragm/Faceplate) (1 kit) /					ATSV II Humidifier® Cap and 7 Foam Filters (1 kit) /						
ATSV II Replacement Diaphragm/Faceplate (1 ea) /					ATSV II Humidifier® Foam Filters, pack of 30 (1 pk) /						
BLOM-SINGER® HME SYSTEM											
QTY / FREQ of USE					BLOM-SINGER® HUMIDIFIER® SYSTEM					QTY / FREQ of USE	
HME Cartridge, pack of 30 (1 pk) <input type="checkbox"/> ClassicFlow® <input type="checkbox"/> EasyFlow® /					Humidifier® Holder (1 ea) /						
HME Cartridge, pack of 6 (1 pk) <input type="checkbox"/> ClassicFlow® <input type="checkbox"/> EasyFlow® /					Humidifier® Holder Foam Filters, pack of 30 (1 pk) /						
LARYNGECTOMY TUBES and HOLDERS											
SIZE/LENGTH (mm)											
StomaSoft® (1 ea) <input type="checkbox"/> 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 /											
Blom-Singer® (1 ea) <input type="checkbox"/> Sterile/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 /											
Marpac 204 Tracheostomy Collar (1 ea) /					Trachi-Swab Hi Vis Tracheostomy Tube Cleaning Swab, pack of 50 (1 pk) /						
SPEECH AIDS											
QTY / FREQ of USE					QTY / FREQ of USE						
Blom-Singer® ElectroLarynx (1 ea) /					NSF Adhesive (1 oz) /						
BLOM-SINGER® TRACHEOSTOMA ACCESSORIES											
QTY / FREQ of USE					QTY / FREQ of USE						
TruSeal® Contour™ Low Profile Adh. Housing (30 ea) <input type="checkbox"/> round <input type="checkbox"/> oval <input type="checkbox"/> standard /					ADDvox® Stoma Filters w/Microporous Adhesive (60 pk) <input type="checkbox"/> off-white <input type="checkbox"/> skin tone /						
AccuFit® Adhesive Housing <input type="checkbox"/> 30 pk <input type="checkbox"/> 6 pk <input type="checkbox"/> round <input type="checkbox"/> oval <input type="checkbox"/> oval xtra /					Foam Stoma Protector (30 pk) <input type="checkbox"/> white <input type="checkbox"/> white thick <input type="checkbox"/> tan <input type="checkbox"/> tan large /						
HydroFit® Adhesive Housing <input type="checkbox"/> 30 pk <input type="checkbox"/> 6 pk <input type="checkbox"/> round <input type="checkbox"/> oval <input type="checkbox"/> oval xtra /					Cavilon™ No Sting Barrier Film, box of 25 (1 bx) /						
Skin Tac® Wipes, skin adhesive, box of 50 (1 bx) /					Skin-Prep™ Barrier Wipes, box of 50 (1 bx) /						
Tracheostoma Valve Housing (1 ea) <input type="checkbox"/> standard <input type="checkbox"/> lrg /					Remove™ Adhesive Remover Wipes, box of 50 (1 bx) /						
Tracheostoma Valve Housing, PVC (1 ea) <input type="checkbox"/> standard <input type="checkbox"/> lrg /					Shower Guard (housing and tape discs included) (1 kit) /						
Adhesive Tape Discs (30 pk) Standard: <input type="checkbox"/> reg <input type="checkbox"/> thin <input type="checkbox"/> heavy Large: <input type="checkbox"/> reg <input type="checkbox"/> thin <input type="checkbox"/> heavy /					/						
Barton-Mayo® Button (1 ea) 9: <input type="checkbox"/> short <input type="checkbox"/> reg <input type="checkbox"/> long 10: <input type="checkbox"/> short <input type="checkbox"/> reg <input type="checkbox"/> long 12: <input type="checkbox"/> short <input type="checkbox"/> reg <input type="checkbox"/> long 14: <input type="checkbox"/> short <input type="checkbox"/> reg <input type="checkbox"/> long /					/						
Other: /					Other: /						

DIAGNOSIS AND PHYSICIAN INFORMATION (*Required)			
Diagnosis ICD-10: C32.9, Z43.0, R49.1		Other:	Rx Start Date*
Reason for Medical Necessity: Laryngectomy Other:			
This Rx is valid for 1 year <input type="checkbox"/> Other:		I hereby authorize InHealth Technologies to ship prescribed Indwelling Voice Prosthesis directly to patient <input type="checkbox"/>	
Physician Name*	Facility Name	Phone	Fax
Address	City	State	Zip
SLP Name	Email		Phone
Physician Signature* (no stamps allowed)	Date*	NPI*	Lic #
<small>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, and 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 lists and physician notes and other supporting documentation will be provided to InHealth Technologies and/or an authorized distributor upon request.</small>			

This is a prescription form only and will NOT automatically generate an order.
WE DO NOT SUBSTITUTE PRODUCT.

Helpful Hints for Completing Prescription and Medical Necessity Form

PATIENT INFORMATION

All fields in this section must be completed so we may follow up with your patient about an order.

INHEALTH
TECHNOLOGIES®

Name	Phone	Birthdate
Address/City/State/Zip		

PRESCRIPTION AND MEDICAL NECESSITY FORM

Please complete prescription form 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

PRESCRIPTION INFORMATION

Select (examples shown):

- Sizes - Diameter and length
- Quantity/frequency of use (Mo, Qtr, Yr)
- Style

BLOM-SINGER® VOICE PROSTHESES			
PATIENT CHANGEABLE	DIAMETER (Fr.)	LENGTH (mm)	QTY / FREQ of USE
Duckbill VP (1 ea)	16	—	/
Low Pressure VP (1 ea)	<input checked="" type="checkbox"/> 16 <input type="checkbox"/> 20	<input checked="" 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)	1 / 2 Mo
Low Pressure VP - Sp. Increased Resist. (1 ea)	16	—	/
Low Pressure VP - Sp. Increased Resist. (1 ea)	—	20	/
CLINICIAN PLACED			
	DIAMETER (Fr.)	LENGTH (mm)	QTY / FREQ of USE
Classic Indw. VP - Sterile (1 ea)	<input type="checkbox"/> 16 <input type="checkbox"/> 20	—	/
Classic Indw. VP - Nonsterile ((1 ea)	<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	/
Advantage® Indw. VP - Nonsterile Soft Valve (1 ea)	<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	/
Advantage® Indw. VP - Nonsterile Hard Valve (1 ea)	—	20	/
Dual Valve® Indw. VP - Nonsterile (1 ea)	<input type="checkbox"/> 20 <input type="checkbox"/> 20 (LF)	—	/
CLINICIAN PLACED - SPECIAL ORDER			
	DIAMETER (Fr.)	LENGTH (mm)	QTY / FREQ of USE
Special Length (1 ea)	<input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 9	—	/
Increased Resistance (1 ea)	<input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12	—	/
Lrg Esoph Flange (1 ea)	<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	—	/
Lrg Esoph Flange & Trach (1 ea)	<input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14	—	/
Lrg Esoph Flange - IR (1 ea)	<input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8	—	/
Lrg Esoph Flange - TEP Occluder (1 ea)	<input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14	—	/
BLOM-SINGER® VP ACCESSORIES			
	DIAMETER (Fr.)	QTY / FREQ of USE	DIAMETER (Fr.) / SIZE (mm)
Tracheoesophageal Puncture Dilators (1 ea)	<input type="checkbox"/> 18 <input type="checkbox"/> 22	/	Plug Insert (1 ea) <input type="checkbox"/> 16 <input type="checkbox"/> 20
Low Pressure Gel Cap Insertion System, 16/20 Fr. (1 pk)	—	/	Cleaning Brushes, 16/20 Fr. (3 ea) <input type="checkbox"/> 4-8 mm <input type="checkbox"/> 9-16 mm <input type="checkbox"/> 18-22 mm
Replacement Gel Caps, pack of 90 (1 pk)	<input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 20 <input type="checkbox"/> 22	/	Flushing Device, pack of 3 (1 pk)
BLOM-SINGER® HANDSFREE SPEECH			
	QTY / FREQ of USE	QTY / FREQ of USE	QTY / FREQ of USE
ATSV II Valve (Body and Diaphragm/Faceplate) (1 kit)	/	ATSV II Humidifier® Cap and 7 Foam Filters (1 kit)	/
ATSV II Replacement Diaphragm/Faceplate (1 ea)	/	ATSV II Humidifier® Foam Filters, pack of 30 (1 pk)	/
BLOM-SINGER® HME SYSTEM			
	QTY / FREQ of USE	BLOM-SINGER® HUMIDIFILTER® SYSTEM	QTY / FREQ of USE
HME Cartridge, pack of 30 (1 pk) <input type="checkbox"/> ClassicFlow® <input checked="" type="checkbox"/> EasyFlow®	1 / 1 Mo	Humidifier® Holder (1 ea)	/
HME Cartridge, pack of 6 (1 pk) <input type="checkbox"/> ClassicFlow® <input type="checkbox"/> EasyFlow®	/	Humidifier® Holder Foam Filters, pack of 30 (1 pk)	/
LARYNGECTOMY TUBES and HOLDERS			
	SIZE/LENGTH (mm)	QTY / FREQ of USE	QTY / FREQ of USE
StomaSoft™ (1 ea) <input type="checkbox"/> 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	/	/
Blom-Singer® (1 ea) <input type="checkbox"/> Sterile/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	/	/
Marpac 204 Tracheostomy Collar (1 ea)	—	/	Trachi-Swab Hi Vis Tracheostomy Tube Cleaning Swab, pack of 50 (1 pk)
SPEECH AIDS			
	QTY / FREQ of USE	QTY / FREQ of USE	QTY / FREQ of USE
Blom-Singer® ElectroLarynx (1 ea)	/	/	/
BLOM-SINGER® TRACHEOSTOMA ACCESSORIES			
	QTY / FREQ of USE	QTY / FREQ of USE	QTY / FREQ of USE
TruSeal® Contour™ Low Profile Adh. Housing (30 ea) <input type="checkbox"/> round <input type="checkbox"/> oval <input type="checkbox"/> standard	/	ADDvox® Stoma Filters w/Microporous Adhesive (60 pk) <input type="checkbox"/> off-white <input type="checkbox"/> skin tone	/
AccuFit® Adhesive Housing <input type="checkbox"/> 30 pk <input type="checkbox"/> 6 pk <input type="checkbox"/> round <input type="checkbox"/> oval <input type="checkbox"/> oval xtra	/	Foam Stoma Protector (30 pk) <input type="checkbox"/> white <input type="checkbox"/> white thick <input type="checkbox"/> tan <input type="checkbox"/> tan large	/
HydroFit® Adhesive Housing <input type="checkbox"/> 30 pk <input type="checkbox"/> 6 pk <input type="checkbox"/> round <input type="checkbox"/> oval <input type="checkbox"/> oval xtra	/	Cavilon™ No Sting Barrier Film, box of 25 (1 bx)	/
Skin Tac® Wipes, skin adhesive, box of 50 (1 bx)	/	Skin-Prep™ Barrier Wipes, box of 50 (1 bx)	/
Tracheostoma Valve Housing (1 ea) <input type="checkbox"/> standard <input type="checkbox"/> lrg	/	Remove™ Adhesive Remover Wipes, box of 50 (1 bx)	/
Tracheostoma Valve Housing, PVC (1 ea) <input type="checkbox"/> standard <input type="checkbox"/> lrg	/	Shower Guard (housing and tape discs included) (1 kit)	/
Adhesive Tape Discs (30 pk) Standard: <input type="checkbox"/> reg <input type="checkbox"/> thin <input type="checkbox"/> heavy Large: <input type="checkbox"/> reg <input type="checkbox"/> thin <input type="checkbox"/> heavy	/	/	/
Barton-Mayo® Button (1 ea) 9: <input type="checkbox"/> short <input type="checkbox"/> reg <input type="checkbox"/> long 10: <input type="checkbox"/> short <input type="checkbox"/> reg <input type="checkbox"/> long 12: <input type="checkbox"/> short <input type="checkbox"/> reg <input type="checkbox"/> long 14: <input type="checkbox"/> short <input type="checkbox"/> reg <input type="checkbox"/> long	/	/	/
Other:	/	Other:	/

PHYSICIAN/CLINICIAN USE ONLY

Diagnosis Codes:

- ICD-10 Diagnosis Codes are required.
 - Medicare Beneficiaries must have Z43.0 Encounter for attention to tracheostomy and C32.9 Malignant neoplasm or larynx, unspecified for coverage of supplies.
- For your convenience, we have included a few commonly used diagnosis codes. If different diagnosis, please list in "Other".

IMPORTANT: All highlighted fields must be completed.

***SIGNATURE REMINDER:**
No Stamps Allowed.

DIAGNOSIS AND PHYSICIAN INFORMATION (*Required)			
Diagnosis ICD-10: C32.9, Z43.0, R49.1	Other:	Rx Start Date*	
Reason for Medical Necessity: Laryngectomy	Other:		
This Rx is valid for 1 year <input type="checkbox"/> Other:	I hereby authorize InHealth Technologies to ship prescribed Indwelling Voice Prosthesis directly to patient <input type="checkbox"/>		
Physician Name*	Facility Name	Phone	Fax
Address	City	State	Zip
SLP Name	Email	Phone	
Physician Signature* (no stamps allowed)	Date*	NPI*	Lic #
<small>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, and 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 lists and physician notes and other supporting documentation will be provided to InHealth Technologies and/or an authorized distributor upon request.</small>			

Please Note: When completing this form, please mark ALL products your patient might require throughout the duration of the prescription as it will save a substantial amount of time and effort of obtaining multiple prescriptions and getting reimbursement checked and approved.

If an email is provided, this will serve as our primary form of communication on prescription-related questions.

This is a prescription form only and will NOT automatically generate an order.