

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 PROSTHESIS				
PATIENT CHANGEABLE	DIAMETER (Fr.)	LENGTH (mm)	QTY/MONTH	
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/MONTH		
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.)	LENGTH (mm)	QTY/MONTH		
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/MONTH	DIAMETER (Fr.) / SIZE (mm)	QTY/MONTH	
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	/	Flushing Device, pack of 3 (1 pk)	/	
BLOM-SINGER® HANDSFREE SPEECH				
QTY/MONTH	QTY/MONTH			
ATSV II Valve (Body and Diaphragm/Faceplate) (1 kit)	/	ATSV II Humidfilter® Cap and 7 Foam Filters (1 kit)	/	
ATSV II Replacement Diaphragm/Faceplate (1 ea)	/	ATSV II Humidfilter® Foam Filters, pack of 30 (1 pk)	/	
BLOM-SINGER® HME SYSTEM				
QTY/MONTH	QTY/MONTH			
HME Cartridge, pack of 30 (1 pk) <input type="checkbox"/> ClassicFlow™ <input type="checkbox"/> EasyFlow™	/	Humidfilter® Holder (1 ea)	/	
HME System 7-Day Trial Kit (TruSeals included) (1 kit)	/	Humidfilter® Holder Foam Filters, pack of 30 (1 pk)	/	
LARYNGECTOMY TUBES and HOLDERS				
SIZE/LENGTH (mm)	QTY/MONTH			
Andreas Fahl Laryngotec® (1 ea) <input type="checkbox"/> Sterile/Non-Fenestrated <input type="checkbox"/> Sterile/Fenestrated	<input type="checkbox"/> 9/44 <input type="checkbox"/> 9/62 <input type="checkbox"/> 10/44 <input type="checkbox"/> 10/62 <input type="checkbox"/> 12/44 <input type="checkbox"/> 12/62	/		
Blom-Singer® (1 ea) <input type="checkbox"/> Nonsterile/Non-Fenestrated <input type="checkbox"/> Nonsterile/Fenestrated <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	/		
Dale® 240 Blue Tube Holder (1 ea)	/	Dale® 243 Blue Tube Holder Extension (1 ea)	/	
SPEECH AIDS				
QTY/MONTH	QTY/MONTH			
Blom-Singer® ElectroLarynx (1 ea)	/	ChatterVox™ Portable Voice Amplification System (6 NiMH batteries included) (1 set)	/	
SERVOX Digital Speech Aid (2 NiMH batteries included) (1 set)	/	ADDvox™ 7 Watt Personal Voice Amplifier (8 NiMH batteries included) (1 set)	/	
SERVOX Digital Battery (1 ea)	/		/	
BLOM-SINGER® TRACHEOSTOMA ACCESSORIES				
QTY/MONTH	QTY/MONTH			
TruSeal® Adhesive Housing, standard (30 ea)	/	ADDvox® Stoma Filters w/Microporous Adhesive (60 pk) <input type="checkbox"/> off-white <input type="checkbox"/> skin tone	/	
TruSeal® Contour™ Adhesive Housing (30 ea) <input type="checkbox"/> round <input type="checkbox"/> oval <input type="checkbox"/> standard	/	Foam Stoma Protector (30 pk) <input type="checkbox"/> white <input type="checkbox"/> white thick <input type="checkbox"/> tan <input type="checkbox"/> tan large	/	
TruSeal® Contour™ Low Profile Adh. Housing (30 ea) <input type="checkbox"/> round <input type="checkbox"/> oval <input type="checkbox"/> standard	/	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	/	Unit Dose Saline Solution, box of 24 (1 bx)	/	
Adhesive Foam Discs, regular (30 pk) <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 Effective Date*	
Reason for Medical Necessity: Laryngectomy Other:			
This prescription is valid for 1 year <input type="checkbox"/>		I hereby authorize InHealth to ship prescribed Indwelling Voice Prosthesis directly to patient <input type="checkbox"/>	
Physician Name*	Facility Name	Phone	Fax
Address	City	State	Zip
SLP Name	Address	Phone	Fax
Physician Signature* (no stamps allowed)	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, 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.

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: intrx@inhealth.com • Customer Service: 800-477-5969

PRESCRIPTION INFORMATION

Please select the sizes:

- **Diameter** (Fr.)
- **Length** (mm)
- **Style**

Please fill in the **Quantity per Month** (or if applicable: Quarterly / Yearly) and validate for one year otherwise the prescription is only good for one time.

BLOM-SINGER® VOICE PROSTHESIS			
PATIENT CHANGEABLE	DIAMETER (Fr.)	LENGTH (mm)	QTY/MONTH
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 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 / MO
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/MONTH
Classic Indw. VP - Sterile (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 — — —	/
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.)	LENGTH (mm)	QTY/MONTH
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.)	LENGTH (mm)	QTY/MONTH
Tracheoesophageal Puncture Dilators (1 ea)	<input type="checkbox"/> 18 <input type="checkbox"/> 22	/	/
Low Pressure Gel Cap Insertion System, 16/20 Fr. (1 pk)	/	/	/
Replacement Gel Caps, pack of 30 (1 pk)	<input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 20	/	/
Plug Insert (1 ea)	<input type="checkbox"/> 16 <input type="checkbox"/> 20	/	/
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	/	/
Flushing Device, pack of 3 (1 pk)	/	/	/
BLOM-SINGER® HANDSFREE SPEECH	QTY/MONTH	QTY/MONTH	QTY/MONTH
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/MONTH	BLOM-SINGER® HUMIDIFILTER® SYSTEM	QTY/MONTH
HME Cartridge, pack of 30 (1 pk) <input type="checkbox"/> ClassicFlow™ <input checked="" type="checkbox"/> EasyFlow™	1 / MO	Humidifier® Holder (1 ea)	/
HME System 7-Day Trial Kit (TruSeals included) (1 kit)	/	Humidifier® Holder Foam Filters, pack of 30 (1 pk)	/
LARYNGECTOMY TUBES and HOLDERS	SIZE/LENGTH (mm)	QTY/MONTH	QTY/MONTH
Andreas Fahl Laryngotec® (1 ea) <input type="checkbox"/> Sterile/Non-Fenestrated <input type="checkbox"/> Sterile/Fenestrated	<input type="checkbox"/> 9/44 <input type="checkbox"/> 9/62 <input type="checkbox"/> 10/44 <input type="checkbox"/> 10/62 <input type="checkbox"/> 12/44 <input type="checkbox"/> 12/62	/	/
Blom-Singer® (1 ea) <input type="checkbox"/> Nonsterile/Non-Fenestrated <input type="checkbox"/> Nonsterile/Fenestrated <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	/	/
Dale® 240 Blue Tube Holder (1 ea)	/	Dale® 243 Blue Tube Holder Extension (1 ea)	/
SPEECH AIDS	QTY/MONTH	QTY/MONTH	QTY/MONTH
Blom-Singer® ElectroLarynx (1 ea) <input type="checkbox"/> EL 1000 <input type="checkbox"/> EL1500 (battery & charger)	/	ChatterVox™ Portable Voice Amplification System (6 NiMH batteries included) (1 set)	/
SERVOX Digital Speech Aid (2 NiMH batteries included) (1 set)	/	ADDvox™ 7 Watt Personal Voice Amplifier (8 NiMH batteries included) (1 set)	/
SERVOX Digital Battery (1 ea)	/	/	/
BLOM-SINGER® TRACHEOSTOMA ACCESSORIES	QTY/MONTH	QTY/MONTH	QTY/MONTH
TruSeal® Adhesive Housing, standard (30 ea)	/	ADDvox® Stoma Filters w/Microporous Adhesive (60 pk) <input type="checkbox"/> off-white <input type="checkbox"/> skin tone	/
TruSeal® Contour™ Adhesive Housing (30 ea) <input type="checkbox"/> round <input type="checkbox"/> oval <input type="checkbox"/> standard	/	Foam Stoma Protector (30 pk) <input type="checkbox"/> white <input type="checkbox"/> white thick <input type="checkbox"/> tan <input type="checkbox"/> tan large	/
TruSeal® Contour™ Low Profile Adh. Housing (30 ea) <input type="checkbox"/> round <input type="checkbox"/> oval <input type="checkbox"/> standard	/	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	/	Unit Dose Saline Solution, box of 24 (1 bx)	/
Adhesive Foam Discs, regular (30 pk) <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 tracheostomy and **C32.9** Malignant neoplasm of 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 fields must be completed including physician name, address, phone number, signature, date and NPI.

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

DIAGNOSIS AND PHYSICIAN INFORMATION (*Required)			
Diagnosis ICD-10: C32.9 Z43.0, R49.1	Other:	Rx Effective Date*	
Reason for Medical Necessity: Laryngectomy	Other:		
This prescription is valid for 1 year <input type="checkbox"/>	I hereby authorize InHealth to ship prescribed Indwelling Voice Prosthesis directly to patient <input type="checkbox"/>		
Physician Name*	Facility Name	Phone	Fax
Address	City	State	Zip
SLP Name	Address	Phone	Fax
Physician Signature* (no stamps allowed)	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, 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.			
This is a prescription form only and will NOT automatically generate an order.			

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

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