

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	<input type="checkbox"/> 16 <input type="checkbox"/> 20 (Fr.)	QTY/MONTH	<input type="checkbox"/> 16 <input type="checkbox"/> 20 (Fr.)	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	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	BLOM-SINGER® HUMIDIFILTER® 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	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	/	Dale® 240 Blue Tube Holder (1 ea)	/
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® 243 Blue Tube Holder Extension (1 ea)	/
SPEECH AIDS	QTY/MONTH	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	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:	Date Needed	
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.