

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 / 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	QTY / FREQ of USE
Special Length (1 ea) <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 9	<input type="checkbox"/> 16 <input type="checkbox"/> 20 (Fr.)		<input type="checkbox"/> 16 <input type="checkbox"/> 20 (Fr.)
Increased Resistance (1 ea) <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12		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 (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 - 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		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 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 / FREQ of USE	BLOM-SINGER® HUMIDIFILTER® SYSTEM	QTY / FREQ of USE
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 / FREQ of USE	QTY / FREQ of USE
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 / FREQ of USE	QTY / FREQ of USE	QTY / FREQ of USE
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 / FREQ of USE	QTY / FREQ of USE	QTY / FREQ of USE
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) <b>Standard:</b> <input type="checkbox"/> reg <input type="checkbox"/> thin <input type="checkbox"/> heavy <b>Large:</b> <input type="checkbox"/> reg <input type="checkbox"/> thin <input type="checkbox"/> heavy			
Barton-Mayo® Button (1 ea) <b>9:</b> <input type="checkbox"/> short <input type="checkbox"/> reg <input type="checkbox"/> long <b>10:</b> <input type="checkbox"/> short <input type="checkbox"/> reg <input type="checkbox"/> long <b>12:</b> <input type="checkbox"/> short <input type="checkbox"/> reg <input type="checkbox"/> long <b>14:</b> <input type="checkbox"/> short <input type="checkbox"/> reg <input type="checkbox"/> long			
Other:		Other:	

DIAGNOSIS AND PHYSICIAN INFORMATION (*Required)			
Diagnosis ICD-10: <b>C32.9, Z43.0, R49.1</b>	Other:	Rx Start Date*	
Reason for Medical Necessity: <b>Laryngectomy</b> Other:			
This Rx is valid for 1 year <input type="checkbox"/> Other:		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. The products lists and physician notes and other supporting documentation will be provided to InHealth Technologies and/or an authorized distributor upon request.