

PRESCRIPTION / MEDICAL NECESSITY FORM



Please complete prescription form and mail, fax or email to InHealth Technologies:

Mail
InHealth Technologies
Attn: IHT Customer Service
1110 Mark Avenue, Carpinteria, CA 93013-2918

FAX
(734) 354-5757
Attn: IHT Customer Service

Email
intrx@inhealth.com

PATIENT INFORMATION

Patient Name	Date of Birth	
Address	Phone Number	
City	State	Postal Code

Blom-Singer® Voice Prosthesis—Patient-changeable	SIZE / REF	QTY/MO REQUIRED
Duckbill Voice Prosthesis—16 Fr.		
Duckbill Voice Prosthesis—16 Fr. Special Length		
Duckbill Voice Prosthesis—16 Fr. Special Long Strap		
Dummy Duckbill—16 Fr. TEP Occluder		
Low Pressure Voice Prosthesis—16 Fr.		
Low Pressure Voice Prosthesis—16 Fr. Special Increased Resistance		
Low Pressure Voice Prosthesis—16 Fr. Special Length		
Low Pressure Voice Prosthesis—16 Fr. Special Long Strap		
Low Pressure Voice Prosthesis—18 Fr. Low Pressure		
Low Pressure Voice Prosthesis—20 Fr.		
Low Pressure Voice Prosthesis—20 Fr. Special Length		
Low Pressure Voice Prosthesis—20 Fr. Special Increased Resistance		

Blom-Singer® Voice Prosthesis Accessories	SIZE / REF	QTY/MO REQUIRED
16/20 Fr. Low Pressure Gel Cap Insertion System Kit*	LP3100	
Replacement Gel Caps, 90 each—16 or 20 Fr.		
Prostheses Cleaning Brush—16/20 Fr. for Indwellings VPs only		
Tracheoesophageal Puncture Dilators—18 Fr. or 22 Fr.		
Plug Insert—16 or 20 Fr.		
Valved Insert—20 Fr. (Fits Classic only, 7mm to 25mm)	BK4100	
ATSV II Starter Kit w/Humidifier™ Cap*	BE8024H	
ATSV II Valve—Body & Diaphragm/Faceplate*	BE8025H	
ATSV II Replacement Diaphragm/Faceplate	BE8026H	

*This prescription approves the replacement of all items in kits.

Blom-Singer® Laryngectomy Tubes	SIZE / REF			QTY/MO REQUIRED
LENGTH	NON-STERILE	NON-STERILE FENESTRATED	STERILE NON-FENESTRATED	
8/36mm	<input type="checkbox"/> BE6298	<input type="checkbox"/> BE6298F	<input type="checkbox"/> BE6398	
8/55mm	<input type="checkbox"/> BE6299	<input type="checkbox"/> BE6299F	<input type="checkbox"/> BE6399	
9/36mm	<input type="checkbox"/> BE6300	<input type="checkbox"/> BE6300F	<input type="checkbox"/> BE6400	
9/55mm	<input type="checkbox"/> BE6301	<input type="checkbox"/> BE6301F	<input type="checkbox"/> BE6401	
10/36mm	<input type="checkbox"/> BE6302	<input type="checkbox"/> BE6302F	<input type="checkbox"/> BE6402	
10/55mm	<input type="checkbox"/> BE6303	<input type="checkbox"/> BE6303F	<input type="checkbox"/> BE6403	
12/36mm	<input type="checkbox"/> BE6304	<input type="checkbox"/> BE6304F	<input type="checkbox"/> BE6404	
12/55mm	<input type="checkbox"/> BE6305	<input type="checkbox"/> BE6305F	<input type="checkbox"/> BE6405	

Blom-Singer® Voice Prosthesis—Clinician Placed**	SIZE / REF	QTY/MO REQUIRED
Classic Indwelling Voice Prosthesis—16 Fr. Non-Sterile		
Classic Indwelling Voice Prosthesis—16 Fr. Sterile		
Classic Indwelling Voice Prosthesis—20 Fr. Non-Sterile		
Classic Indwelling Voice Prosthesis—20 Fr. Sterile		
Advantage Indwelling Voice Prosthesis—16 Fr. Soft Valve Assembly		
Advantage Indwelling Voice Prosthesis—20 Fr. Soft Valve Assembly		
Advantage Indwelling Voice Prosthesis—20 Fr. Hard Valve Assembly		
Dual Valve Indwelling Voice Prosthesis—20 Fr.		
Rapid Response—16 Fr. Special Length		
Rapid Response—16 Fr. Large Esophageal Flange (LEF)		
Rapid Response—16 Fr. Large Esophageal Flange—Special Length		
Rapid Response—16 Fr. Large Esophageal Flange and Tracheal		
Rapid Response—16 Fr. Large Esophageal Flange—TEP Occluder		
Rapid Response—16 Fr. LEF—Special Length—Increased Resistance		
Rapid Response—16 Fr. Increased Resistance		
Rapid Response—16 Fr. TEP Occluder		
Rapid Response—20 Fr. Special Length		
Rapid Response—20 Fr. Large Esophageal Flange (LEF)		
Rapid Response—20 Fr. Large Esophageal Flange—Special Length		
Rapid Response—20 Fr. Large Esophageal Flange and Tracheal		
Rapid Response—20 Fr. Large Esophageal Flange—TEP Occluder		
Rapid Response—20 Fr. LEF—Special Length—Increased Resistance		
Rapid Response—20 Fr. Increased Resistance		
Rapid Response—20 Fr. TEP Occluder		

**This prescription approves the replacement cleaning brush and flushing devices.

Tracheostoma Buttons and Protection Accessories	SIZE / REF	QTY/MO REQUIRED
Barton-Mayo Tracheostoma Button		
Shower Guard—includes Trach Valve Housing & Tape Discs*	BE6048	

*This prescription approves the replacement of all items in kits.

Other	SIZE / REF	QTY/MO REQUIRED

DIAGNOSIS and PHYSICIAN INFORMATION

Diagnosis (ICD9) 161.9 / V55.0 other _____ (if different diagnosis) Date needed: _____

Reason for Medical Necessity: _____

This prescription is valid for: One Year Two Year

I hereby authorize InHealth Technologies to ship prescribed indwelling voice prosthesis products directly to patient: Yes No

Physician Name / Facility Name	Phone Number	Fax Number
Address	SLP Name	SLP Phone Number
City	State	Postal Code
Physician Signature: _____	Date _____	NPI: _____ License # _____

I certify the medical necessity of this item for this patient. This section of the form, and any statement on my letterhead attached here to 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.