

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: http://dischercia.com/please-complete-prescription form and mail, fax or email to: IHT Customer Service • 800-477-5969

DI OM SINCEP® VOICE PROSTUESES			-		
BLOM-SINGER® VOICE PROSTHESES PATIENT CHANGEABLE DIAMETER (Fr.)	LENGTH (mm)			QTY / FREQ of USE	
Duckbill VP (1 ea) 16 —	—		18 — — — —	QTT/FREQUIUSE	
Low Pressure VP (1 ea) 16 20				28 (16 Fr. only) /	
Low Pressure VP - Sp. Increased Resist. (1 ea) 16 —	— G G			28 /	
Low Pressure VP - Sp. Increased Resist. (1 ea) — 20					
1				OTY/EDEO -fuer	
CLINICIAN PLACED         DIAMETER (Fr.)           Classic Indw. VP - Sterile (1 ea)         16         20	LENGTH (mm)  — — 8	□ 10 □ 12 □ 14 — —		QTY / FREQ of USE	
Classic Indw. VP - Sterile (1 ea)        16        20           Classic Indw. VP - Nonsterile ((1 ea)        16        20	8				
Advantage® Indw. VP - Nonsterile Soft Valve (1 ea) 16 20		10 12 14 10 1	10 20		
Advantage® Indw. VP - Nonsterile Bard Valve (1 ea) — 20	4 6 8			1	
Dual Valve® Indw. VP - Nonsterile (1 ea) 20 20 (L		10 12 14	_ <del>_</del>	1	
				10 00 (Fr.) OTV (FREO -6110F	
CLINICIAN PLACED - SPECIAL ORDER 16 20 (Fi	.) QTY / FREQ of USE	Las Cooph Classes (1 co)			
Special Length (1 ea) 5 7 9	1	Lrg Esoph Flange & Trach (1 ea)	4 6 8	10 12 14 /	
Increased Resistance (1 ea) 6 8 10 12  Lrg Esoph Flange (1 ea) 4 5 6 7 8 10	12 14 /	Lrg Esoph Flange - IR (1 ea)	4 6 8	10	
	QTY / FREQ of USE	Lrg Esoph Flange - TEP Occluder (1		10 12 14 /	
BLOM-SINGER® VP ACCESSORIES DIAMETER (Fr.)	QTY / FREQ of USE	Diversion and (4 and	DIAMETER (Fr.) / SIZE (mm)	) QTY / FREQ of USE	
Tracheoesophageal Puncture Dilators (1 ea) 18 22	1	Plug Insert (1 ea)	☐ 16 ☐ 20 ☐ 4.8 mm ☐ 0.46 mm ☐	10.00	
Low Pressure Gel Cap Insertion System, 16/20 Fr. (1 pk)		Cleaning Brushes, 16/20 Fr. (3 ea)	4-8 mm 9-16 mm	18-22 mm /	
Replacement Gel Caps, pack of 90 (1 pk) 16 18 20		Flushing Device, pack of 3 (1 pk)		OTY/FREE (USE	
BLOM-SINGER® HANDSFREE SPEECH	QTY / FREQ of USE	ATCV/ II I I I I I I I I I I I I I I I I I	na Filhana (4 Lit)	QTY / FREQ of USE	
ATSV II Valve (Body and Diaphragm/Faceplate) (1 kit)	1	ATSV II Humidifilter® Cap and 7 Foa	, ,		
ATSV II Replacement Diaphragm/Faceplate (1 ea)	07//5050 ///05	ATSV II Humidifilter® Foam Filters, p	( 1 )	07//5750 (1105	
BLOM-SINGER® HME SYSTEM	QTY / FREQ of USE	BLOM-SINGER® HUMIDIFIL	IER® SYSTEM	QTY / FREQ of USE	
HME Cartridge, pack of 30 (1 pk) ClassicFlow® EasyF		Humidifilter® Holder (1 ea)	1 (00/4 1)	1	
HME Cartridge, pack of 6 (1 pk) ClassicFlow® EasyF		Humidifilter® Holder Foam Filters, pa	ack of 30 (1 pk)	OTV/	
LARYNGECTOMY TUBES and HOLDERS SIZE/LEN			140/55 140/20	QTY / FREQ of USE	
,	8/36 8/55 9/36			12/55 /	
Blom-Singer® (1 ea) Sterile/Non-Fenestrated 8/36	8/55 9/36	9/55 10/36 10/55			
Marpac 204 Tracheostomy Collar (1 ea)	OTY / EDEO - FUCE	Trachi-Swab Hi Vis Tracheostomy T	ube Cleaning Swab, pack of 5	· · ·	
SPEECH AIDS	QTY / FREQ of USE	NOT Adhaning (4 an)		QTY / FREQ of USE	
Blom-Singer® ElectroLarynx (1 ea)	OTY/FDEO (USE	NSF Adhesive (1 oz)		OTY/FREE (USE	
BLOM-SINGER® TRACHEOSTOMA ACCESSORIES	QTY / FREQ of USE	ADDuou® Chama Filhara w/Mioranara	ue Adheeius (CO -U) aff wh	QTY / FREQ of USE	
TruSeal® Contour™ Low Profile Adh. Housing (30 ea)roundoval	_	ADDvox® Stoma Filters w/Microporo		_	
AccuFit® Adhesive Housing 30 pk 6 pk round oval		Foam Stoma Protector (30 pk) white white thick tan tan large		an tan large	
HydroFit® Adhesive Housing 30 pk 6 pk round oval	_ oval xtra /	Cavilon™ No Sting Barrier Film, box of 25 (1 bx)    Chin Drap™ Parrier Wires, box of 50 (1 bx)			
Skin Tac® Wipes, skin adhesive, box of 50 (1 bx)	1	Skin-Prep™ Barrier Wipes, box of 50 (1 bx)  /		/	
Tracheostoma Valve Housing (1 ea) standard Irg  Tracheostoma Valve Housing, PVC (1 ea) standard Irg	1	Remove™ Adhesive Remover Wipes, box of 50 (1 bx)  Shower Guard (housing and tape discs included) (1 kit)  /		1	
			scs included) (1 kit)		
	heavy Large: D: short req long	reg thin heavy  12: short reg long	14: abort area	I long	
	J. Short Teg Tong		14: Short reg	long	
Other:	I	Other:		I	
DIAGNOSIS AND PHYSICIAN INFORMATION (*Require	d)				
Diagnosis ICD-10: <b>C32.9, Z43.0, R49.1</b> Other:	,		Rx Start Date*		
Reason for Medical Necessity: Laryngectomy Other:			To Guill Buto		
	nHealth Technologies to ship pre	escribed Indwelling Voice Prosthesis di	rectly to patient		
Physician Name*	Facility Name	Phon		Fax	
Address	City			Zip	
SLP Name	Email	- Claric		Phone	
Physician Signature* (no stamps allowed)		Date* NPI* Lic#			
, , , , ,	decoder and a second				
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.					

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	LENGTH		TV/FDF0 (US)
PATIENT CHANGEABLE DIAMETER (Fr.)	LENGTH (mm)		OTY / FREQ of US
Duckbill VP (1 ea) 16 —	6 _ 8 ■4 _ 6 _ 8	10 12 14 - 18	4 / 014
Low Pressure VP (1 ea)  Low Pressure VP - So, Increased Resist. (1 ea)  16 —		10 12 14 16 18 20 22 25 28 (16 Fr. only)	1 / 2 Mo
	<u> </u>	□ 10 □ 12 □ 14 − □ 18 − □ 22 □ 25 □ 28	/
			1
CLINICIAN PLACED DIAMETER (Fr.)	LENGTH (mm)	-	TY / FREQ of US
Classic Indw. VP - Sterile (1 ea) 16 20	8		/
Classic Indw. VP - Nonsterile ((1 ea) 16 20	4 6 8		/
Advantage® Indw. VP - Nonsterile Soft Valve (1 ea) 16 20	4 6 8		/
Advantage® Indw. VP - Nonsterile Hard Valve (1 ea) — 20	4 6 8		/
Dual Valve <sup>®</sup> Indw. VP - Nonsterile (1 ea)  □ 20 □ 20 (LF)	<u> </u>	□10 □12 □14 − − −	1
CLINICIAN PLACED - SPECIAL ORDER 16 20 (Fr.)	QTY / FREQ of USE	☐ 16 ☐ 20 (Fr.) <b>C</b>	TY / FREQ of US
Special Length (1 ea) 5 7 9	1	Lrg Esoph Flange & Trach (1 ea) 4 6 8 10 12 14	1
Increased Resistance (1 ea) 6 8 10 12	1	Lrg Esoph Flange - IR (1 ea)	1
Lrg Esoph Flange (1 ea) 4 5 6 7 8 10 12 14	1 /	Lrg Esoph Flange - TEP Occluder (1 ea) 4 6 8 10 12 14	1
BLOM-SINGER® VP ACCESSORIES DIAMETER (Fr.)	QTY / FREQ of USE	DIAMETER (Fr.) / SIZE (mm)	TY / FREQ of US
Tracheoesophageal Puncture Dilators (1 ea) 18 22	1	Plug Insert (1 ea)	1
Low Pressure Gel Cap Insertion System, 16/20 Fr. (1 pk)	1	Cleaning Brushes, 16/20 Fr. (3 ea) 4-8 mm 9-16 mm 18-22 mm	1
Replacement Gel Caps, pack of 90 (1 pk)	1	Flushing Device, pack of 3 (1 pk)	1
BLOM-SINGER® HANDSFREE SPEECH	QTY / FREQ of USE		TY / FREQ of US
ATSV II Valve (Body and Diaphragm/Faceplate) (1 kit)	1	ATSV II Humidifilter® Cap and 7 Foam Filters (1 kit)	1
ATSV II Replacement Diaphragm/Faceplate (1 ea)	1	ATSV II Humidifilter® Foam Filters, pack of 30 (1 pk)	1
BLOM-SINGER® HME SYSTEM	QTY / FREQ of USE	BLOM-SINGER® HUMIDIFILTER® SYSTEM	TY / FREQ of US
HME Cartridge, pack of 30 (1 pk) ClassicFlow® EasyFlow®	1 / 1 Mo	Humidifilter® Holder (1 ea)	/
HME Cartridge, pack of 6 (1 pk) ClassicFlow® EasyFlow®	1	Humidifilter® Holder Foam Filters, pack of 30 (1 pk)	
LARYNGECTOMY TUBES and HOLDERS SIZE/LENGTH (mm)		(	TY / FREQ of US
StomaSoft™ (1 ea) Non-Fenestrated Fenestrated 8/36	8/55 9/36	9/55 10/36 10/55 12/36 12/55	1
Blom-Singer® (1 ea) Sterile/Non-Fenestrated 8/36 8	3/55 9/36	9/55 10/36 10/55 12/36 12/55	1
Marpac 204 Tracheostomy Collar (1 ea)	1	Trachi-Swab Hi Vis Tracheostomy Tube Cleaning Swab, pack of 50 (1 pk)	1
SPEECH AIDS	QTY / FREQ of USE		TY / FREQ of US
Blom-Singer® ElectroLarynx (1 ea)	1		1
BLOM-SINGER® TRACHEOSTOMA ACCESSORIES	QTY / FREQ of USE		TY / FREQ of US
TruSeal® Contour™ Low Profile Adh. Housing (30 ea) ☐ round ☐ oval ☐ standard	d /	ADDvox® Stoma Filters w/Microporous Adhesive (60 pk) _ off-white _ skin tone	1
AccuFit® Adhesive Housing 30 pk 6 pk round oval oval xtra	a /	Foam Stoma Protector (30 pk) white white thick tan tan large	1
HydroFit® Adhesive Housing 30 pk 6 pk round oval oval xtra	a /	Cavilon™ No Sting Barrier Film, box of 25 (1 bx)	1
Skin Tac® Wipes, skin adhesive, box of 50 (1 bx)	1	Skin-Prep™ Barrier Wipes, box of 50 (1 bx)	1
Tracheostoma Valve Housing (1 ea) standard Irg	1	Remove™ Adhesive Remover Wipes, box of 50 (1 bx)	
Tracheostoma Valve Housing, PVC (1 ea) standard Irg	1	Shower Guard (housing and tape discs included) (1 kit)	1
Adhesive Tape Discs (30 pk) Standard: req thin heavy	Large:	reg thin heavy	1
	t reg long	12: short reg long 14: short reg long	1
Other:		Other:	1

## PHYSICIAN/CLINICIAN USE ONLY

#### Diagnosis Codes:

- ICD-10 Diagnosis Codes are required.
- Medicare Beneficiaries must have Z43.0 Encounter for attention to tracheostomey 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  Other:	I hereby authorize InHealth Technologies to ship prescribed Indwelling Voice Prosthesis directly to patient						
Physician Name*	Facility Name	Phone		Fax			
Address	City	State		Zip			
SLP Name	Email			Phone			
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 fabilitication, 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 each device in the complete of the products in the product in the products in the product in the products in the product in							

<u>Please Note:</u> 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.