

Please complete Sections A through D of the prescription form and mail, fax or email to InHealth Technologies at:

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

Fax:
(888) 371-1530
Attn: IHT Customer Service

Email:
order@inhealth.com

Section A: Patient Information

Patient Name		Phone Number
Address		Suite/Mail Stop
City	State	Postal Code

Section B: Clinician Information

Clinician & Facility Name		Phone Number
Address		Suite/Mail Stop
City	State	Postal Code

Section C: Products

Blom-Singer® Voice Prosthesis	√RX	Description	Size	Item # (Optional)
PATIENT CHANGEABLE		16 Fr. Blom-Singer Duckbill Voice Prosthesis		
		<input type="checkbox"/> 16 Fr. <input type="checkbox"/> 20 Fr. Blom-Singer Low Pressure Voice Prosthesis		
Blom-Singer® Indwelling Voice Prosthesis CLINICIAN PLACED		<input type="checkbox"/> 16 Fr. <input type="checkbox"/> 20 Fr. Classic Indwelling Voice Prosthesis — Non-Sterile		
		<input type="checkbox"/> 16 Fr. <input type="checkbox"/> 20 Fr. Classic Indwelling Voice Prosthesis — Sterile		
		16 Fr. Advantage Indwelling Voice Prosthesis		
		20 Fr. Advantage Indwelling Voice Prosthesis <input type="checkbox"/> AD <u>or</u> <input type="checkbox"/> AS		
		20 Fr. Dual Valve Indwelling Voice Prosthesis		
Blom-Singer® - ATSV II - Laryngectomy Tubes - Accessories		<input type="checkbox"/> ATSV II Starter Kit <input type="checkbox"/> ATSV II Valve <input type="checkbox"/> ATSV II Diaphragm Repl.	N/A	
		Laryngectomy Tube: <input type="checkbox"/> Sterile <input type="checkbox"/> Non-Sterile <input type="checkbox"/> Fenestrated		
		Puncture Dilator: <input type="checkbox"/> 18 Fr. BE6050 <u>or</u> <input type="checkbox"/> 22 Fr. BE2050	N/A	
		Cleaning Brush: <input type="checkbox"/> Sm 4-8mm <input type="checkbox"/> Med 10-16mm <input type="checkbox"/> Lg 18mm & Up	N/A	
		Gel Cap Insertion System <input type="checkbox"/> 20 Fr. Indwelling <input type="checkbox"/> 16/20 Fr. Low Pressure	N/A	
		Replacement Gel Caps: <input type="checkbox"/> 16 Fr. <u>or</u> <input type="checkbox"/> 20 Fr.	N/A	
		Plug Insert: <input type="checkbox"/> 16 Fr. <u>or</u> <input type="checkbox"/> 20 Fr.	N/A	
		Valved Insert for 20 Fr. Classic Indwelling	N/A	BK4100
		16 Fr. TEP Occluder		
	Shower Guard (includes housing & tape discs)	N/A	BE6048	
Other(s)				

Section D: Authorization

This prescription is valid for: One Year Two Years

Physician/SLP Signature: _____ Date _____

Caution: Federal (USA) law restricts these devices to sale by or on the order of a physician.

I hereby authorize InHealth Technologies to ship prescribed Classic Indwelling and Advantage Indwelling products directly to the patient.

Physician/SLP Signature: _____ Date _____

No Yes If, yes: Valid for next order only Valid for length of existing Indwelling prescription(s)