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ORDER FORM

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Quantity	Item REF	Product Name	Unit Price	Total
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OPTIONAL Prescription Section - for Clinician Use

Diagnosis (ICD-9)		Date Needed
# of months needed <i>(1-99 months, 99=life)</i>	Reason for Medical Necessity	
Speech Language Pathologist (SLP) Name		SLP Phone #
<small>I certify the medical necessity of this item for this patient. This section of the form and any statement on my letter head 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.</small>		
Facility Name and Address		NPI
		Email
		License #
Physician/Clinician Name		Signature

Electrolarynx, Batteries, Accessories, Foam Filters, Stoma Cover & Care

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To Place an Order

Our Customer Service Representatives are available:

- Monday - Thursday 8:00 a.m. to 5:00 p.m. (Central Time)
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- Customer Service: 800-388-8642 (toll-free in the US and Canada)
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Are you a new customer?

Forms and other important documents are available at www.electrolarynx.com.

You can also call or email us and we will send you the documents, including Patient Bill of Rights, Medicare Supplier Standards, HIPAA Information and more as described on page 18.

Filing a Medicare claim for the purchases?

If you want to double check what documents Medicare requires for a fast reimbursement, you will find information in the documents we have available at electrolarynx.com.

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