



Washington Medicaid Order Form

Customer Name: _____
 Contact Name: _____
 Facility Name: _____
 Shipping Address: _____
 Phone: _____
 Cell: _____
 Emergency Contact: _____
 Physician Name: _____
 Physician Address: _____
 Physician Phone: _____

Date of Service: _____
 Date of Birth: _____
 Medicare #: _____
 ProviderOne #: _____
 City, State, Zip: _____
 Fax: _____
 Email: _____
 Emergency Phone: _____
 NPI #: _____
 City, State, Zip: _____
 Physician Fax: _____

Mix & Match Up to 2 Products Per Month Between Pull-Ups, Briefs & Bladder Control Pads as Long as the Secondary Product is for Night-time Use Only. Combination of 2 Products May Not Exceed 200/month.

Protective Underwear (Pull-Ups)

Limited to 150/month or 5/day

Tena® Plus Pull-Up	Quantity
<input type="checkbox"/> Small 25"- 35" (15/bg)	_____
<input type="checkbox"/> Medium 34"- 44" (18/bg)	_____
<input type="checkbox"/> Large 45"- 58" (18/bg)	_____
<input type="checkbox"/> XL 55"- 66" (15/bg)	_____

Prevail® Extra Pull-Up	Quantity
<input type="checkbox"/> Small 20"- 34" (22/bg)	_____
<input type="checkbox"/> Medium 34"- 46" (20/bg)	_____
<input type="checkbox"/> Large 44"- 58" (18/bg)	_____
<input type="checkbox"/> XL 58"- 68" (14/bg)	_____
<input type="checkbox"/> 2XL 68"- 80" (12/bg)	_____

Prevail® Per-Fit® Pull-Up <i>Gender-specific</i>	Quantity
Men	
<input type="checkbox"/> Medium 34"- 46" (20/bg)	_____
<input type="checkbox"/> Large 44"- 58" (18/bg)	_____
<input type="checkbox"/> XL 58"- 68" (14/bg)	_____
Women	
<input type="checkbox"/> Medium 34"- 46" (20/bg)	_____
<input type="checkbox"/> Large 44"- 58" (18/bg)	_____
<input type="checkbox"/> XL 58"- 68" (14/bg)	_____

Briefs with Refastenable Tabs

Limited to 200/month or 6/day

Tena® Complete + Care Brief	Quantity
<input type="checkbox"/> Small 22"- 36" (12/bg)	_____
<input type="checkbox"/> Medium 32"- 44" (20/bg)	_____
<input type="checkbox"/> Large 40"- 56" (20/bg)	_____
<input type="checkbox"/> XL 52"- 62" (20/bg)	_____

Prevail® Per-Fit® Brief	Quantity
<input type="checkbox"/> Medium 32"- 44" (16/bg)	_____
<input type="checkbox"/> Large 45"- 58" (24/bg)	_____
<input type="checkbox"/> XL 59"- 64" (15/bg)	_____

Prevail® Bariatric Brief	Quantity
<input type="checkbox"/> 2XL 62"- 73" (12/bg)	_____

Booster Pads/Doublers

Limited to 90/month or 3/day

May be Used in Conjunction With Pull-Ups or Briefs Only for Extra Absorption & Are Not Covered Separately.

Dignity® Stackables Booster Pad	Quantity
<input type="checkbox"/> 3.5"×12" (45/bg)	_____

Bladder Control Pads & Liners

Limited to 200/month or 6/day

Tena® Light Pad

Quantity

- Moderate 11" (72/bg) _____
- Moderate Long 12" (60/bg) _____
- Heavy 14" (60/bg) _____
- Heavy Long 15" (39/bg) _____

Tena® Shaped Pad

Quantity

- Day Light 12" (24/bg) _____
- Day Regular 24" (46/bg) _____

Prevail® Bladder Control Pad

Quantity

- Pantiliner 7.5" (26/bg) _____
- Moderate 9.25" (20/bg) _____
- Moderate Long 11" (16/bg) _____
- Maximum 11" (48/bg) _____
- Maximum Long 13" (39/bg) _____
- Male Guard 11" (14/bg) _____

Prevail® Shaped Pad

Quantity

- Pant Liner 28" (16/bg) _____

Underpads/Bedpads

Limited to 42/year washable or 180/month disposable

User May Order Either Washable or Disposable
Each Month & May Alternate Monthly.

Washable Underpad

Quantity

- Blue Cotton/Polyester 34"×36" (8oz) _____
- Green Tricot 34"×36" (6oz) _____
- Plaid Cotton/Polyester 34"×36" (10oz) _____
- XL Green Cotton/Polyester 34"×54" (6oz) _____

Prevail® Disposable Underpad

Quantity

- Green 23"×36" (15/bg) _____

Gloves

Limited to 400/month or 6 pairs/day

For Incontinence Use Only! Gloves May Only
Be Ordered With Incontinence Supplies.

Gloves

Quantity

Style

Size

- Nitrile (100/bx) _____
- Synthetic (100/bx) _____
- Vinyl (100/bx) _____

- Small _____
- Medium _____
- Large _____
- XL _____

Personal Care Items (Free Gifts)

Limited to 2/month

Mix & Match 1 Free Gift With Each Case of Pull-Ups, Briefs or Bladder Pads
(Limit 2 Free Gifts Per Customer). The Following Items are Not Covered by
DSHS & are Provided Compliments of Soundview With Minimum Order.

Personal Care Items

Quantity

- MoliCare™ Wipes 9"×13" (48/pk) _____
- ByeBye Odor™ Eliminator (8oz) _____
- No-Rinse Periwash (8oz) _____
- Hand Sanitizer (4oz) _____
- A&D Barrier Cream (4oz) _____
- Lotion (8oz) _____
- Shampoo Bodywash (8oz) _____
- No-Rinse Shampoo (8oz) _____
- Terry Cloth Feeding Bib White (1/ea) _____
- Terry Cloth Feeding Bib Blue (1/ea) _____
- Male Urinal (32oz) _____

Special Request

Signature: _____

Caregiver Certification: I Certify That the Items Ordered are Medically Necessary, & I am Authorized to Place
Orders for the Person Listed as "Customer." After Signature, Printed Name & Date.

415 South Brandon Street, Seattle, WA 98104 | www.soundviewmed.com | www.facebook.com/soundviewmedicalsupply



Graham Smith
Sales Director

Cell: 206-718-3488
Fax: 866-416-0621

Toll-Free: 1-800-845-4925
Email: grahams@soundviewmed.com