



Idaho Medicaid Order Form

Customer Name: _____

Date of Birth: _____

Facility Name: _____

Shipping Address: _____

City, State, Zip: _____

Contact Name: _____

Phone: _____

Fax: _____

Cell: _____

Email: _____

Date of Service: _____

Medicare #: _____

Medicaid #: _____

Emergency Contact: _____

Emergency Phone: _____

Physician Name: _____

Physician Address: _____

City, State, Zip: _____

Physician Phone: _____

Physician Fax: _____

Mix & Match Any Combination of Pull-Ups, Brief, Booster Pads, or Bladder Control Pads Up to 240/month.

Protective Underwear (Pull-Ups)

Limited to 240/month or 8/day

Tena® ProSkin for Men and Women Quantity

- Men Women
- Small/Medium 34"- 44" (20/bg) _____
- Large 45"- 58" (18/bg) _____
- XL 55"- 66" (14/bg) _____

Tena® ProSkin Plus Pull-Up Quantity

- Small 25"- 34" (15/bg) _____
- Medium 32"- 44" (20/bg) _____
- Large 45"- 58" (18/bg) _____
- XL 55"- 60" (14/bg) _____

Tranquility Moderate Pull-Up Quantity

- Small 22"- 36" (25/bg) _____
- Medium 34"- 48" (25/bg) _____
- Large 44"- 54" (25/bg) _____
- XL 48"- 66" (25/bg) _____

Tranquility Heavy Pull-Up Quantity

- Small 22"- 36" (22/bg) _____
- Medium 34"- 48" (20/bg) _____
- Large 44"- 54" (18/bg) _____
- XL 48"- 66" (14/bg) _____

Prevail® Extra Pull-Up Quantity

- 2XL 68"- 80" (12/bg) _____

Briefs with Refastenable Tabs

Limited to 240/month or 8/day

Tena® Complete + Care Ultra Brief Quantity

- Small 22"- 36" (12/bg) _____
- Medium 32"- 44" (24/bg) _____
- Large 40"- 56" (24/bg) _____
- XL 52"- 62" (24/bg) _____

Prevail® Per-Fit® Brief Quantity

- Medium 32"- 44" (16/bg) _____
- Large 45"- 58" (18/bg) _____
- XL 59"- 64" (15/bg) _____
- 2XL 62"- 73" (12/bg) _____

Nutritional Supplements Quantity

Calories Needed Per Day _____

Type _____

- | | |
|------------------------------|-------------------------------------|
| Diabetic | Flavor |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Vanilla |
| <input type="checkbox"/> No | <input type="checkbox"/> Chocolate |
| | <input type="checkbox"/> Strawberry |

Bladder Control Pads & Liners

Limited to 240/month or 6/day

Tena® Light Pad

	Quantity
<input type="checkbox"/> Moderate 11" (72/bg)	_____
<input type="checkbox"/> Moderate Long 12" (60/bg)	_____
<input type="checkbox"/> Heavy 14" (60/bg)	_____
<input type="checkbox"/> Heavy Long 15" (39/bg)	_____

Prevail® Bladder Control Pad

	Quantity
<input type="checkbox"/> Pantiliner 7.5" (26/bg)	_____
<input type="checkbox"/> Moderate 9.25" (20/bg)	_____
<input type="checkbox"/> Male Guard 11" (14/bg)	_____
<input type="checkbox"/> Moderate Long 11" (16/bg)	_____
<input type="checkbox"/> Maximum 11" (48/bg)	_____
<input type="checkbox"/> Maximum Long 13" (39/bg)	_____

Shaped Pads

Limited to 240/month or 6/day

Prevail® Pant Liner

	Quantity
<input type="checkbox"/> Moderate Absorbency 28" (16/bg)	_____

Tranquility Adult Liner

	Quantity
<input type="checkbox"/> 24"×9" (30/bg)	_____

Gloves (Assisted Living Exempt)

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

Gloves

Style	Size	Quantity
<input type="checkbox"/> Nitrile (100/bx)	<input type="checkbox"/> Small	_____
<input type="checkbox"/> Synthetic Vinyl (100/bx)	<input type="checkbox"/> Medium	_____
<input type="checkbox"/> Vinyl (100/bx)	<input type="checkbox"/> Large	_____
	<input type="checkbox"/> XL	_____

Underpads/Bedpads

Limited to 24/year washable or 150/month disposable

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

Washable Underpad

	Quantity
<input type="checkbox"/> Plaid Ibex 34"×36" (10oz)	_____
<input type="checkbox"/> Blue Ibex 34"×36" (10oz)	_____
<input type="checkbox"/> XL Blue Ibex 36"×54" (10oz)	_____

Disposable Underpad

	Quantity
<input type="checkbox"/> Prevail® Green 23"×36" (15/bg)	_____

Tranquility Moderate Underpad

	Quantity
<input type="checkbox"/> 23"×36" (30/bg)	_____

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
<input type="checkbox"/> Tena Classic Wipes (48ct)	_____
<input type="checkbox"/> ByeBye Odor™ Eliminator 8oz	_____
<input type="checkbox"/> No-Rinse Periwash 8oz	_____
<input type="checkbox"/> Gelrite® Hand Sanitizer 4oz	_____
<input type="checkbox"/> A&D Barrier Cream 4oz	_____
<input type="checkbox"/> Dermadaily® Lotion 8oz	_____
<input type="checkbox"/> No-Rinse Shampoo 8oz	_____
<input type="checkbox"/> Fresh Lilac Shampoo Bodywash 8oz	_____
<input type="checkbox"/> Honeydew Shampoo Bodywash 8oz	_____
<input type="checkbox"/> Tearless Shampoo Bodywash 8oz	_____
<input type="checkbox"/> Terry Cloth Feeding Bib White (1/ea)	_____
<input type="checkbox"/> Terry Cloth Feeding Bib Blue (1/ea)	_____
<input type="checkbox"/> Male Urinal 32oz	_____

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.

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