

Colorado Medicaid Order Form

Customer Name:	Date of Service:	
Date of Birth:	Medicare #:	
Facility Name:	Medicaid #:	
Shipping Address:	Emergency Contact:	
City, State, Zip:	Emergency Phone:	
Contact Name:	Physician Name:	
Phone:	Physician Address:	
Fax:	City, State, Zip:	
Cell:	Physician Phone:	
Email:	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 6/day

Briefs with Refastenable Tabs

Limited to 240/month or 6/day

Tena® ProSkin for Men and Women	Quantity	Tena® Complete + Care Ultra Brief	Quantity
□ Men (Gray) □ Women (Beige/Nude) □ Small/Medium 34"- 44" (20/bg) □ Large 45"- 58" (18/bg) □ XL 55"- 66" (14/bg)		□ Small 22"- 36" (12/bg) □ Medium 32"- 44" (24/bg) □ Large 40"- 56" (24/bg) □ XL 52"- 62" (24/bg)	
Tranquility Moderate Pull-Up	Quantity	Prevail® Per-Fit® Brief	Quantity

🗆 Small 22"- 36" (25/bg)	 🗆 Medium 32"- 44" (16/bg)	
🗆 Medium 34"- 48" (25/bg)	 □ Large 45"- 58" (18/bg)	
□ Large 44"- 54" (25/bg)	 □ XL 59"- 64" (15/bg)	
□ XL 48"- 66" (25/bg)	 □ 2XL 62"- 73" (12/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) 2XL 62"- 80" (12/bg) 	
Prevail® Extra Pull-Up	Quantity

Booster Pads/Doublers

Limited to 240/month or 6/day

Tranquility Booster Pad

□ Standard 12"×4.25" (25/bg) □ Long 15"×4.25 (25/bg) Quantity

□ 2XL 68"- 80" (12/bg)

Bladder Control Pads & Liners

Limited to 240/month or 6/day

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Tena® Light Pad	Quantity	For Incontinence Use Only! Gloves May Only Be Ordered With Incontinence Supplies.			
□ Moderate 11" (72/bg) □ Moderate Long 12" (60/bg)		Gloves		Quantity	
□ Heavy 14" (60/bg) □ Heavy Long 15" (39/bg)		Style □ Nitrile (100/bx)	Size □ Small		
		□ Vinyl (100/bx)	□ Medium □ Large		
Prevail® Bladder Control Pad	Quantity		□ XL		
□ 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) 		Personal Care Items (Free Gifts)			
		Limited to 2/month			
		Mix & Match 1 Free Gift With Each Case of Pull-Ups, Briefs or Bladder Pa (Limit 2 Free Gifts Per Customer). The Following Items are Not Covered b DSHS & are Provided Compliments of Soundview With Minimum Order.			
		Personal Care Items	3	Quantity	
Shaped Pads		□ Prevail Wipes (48ct)			
Limited to 240/month or 6/day		□ ByeBye Odor™ Elimi			
Prevail® Pant Liner	Quantity	□ No-Rinse Periwash (& □ Hand Sanitizer (4oz)	502)		
□ Moderate Absorbency 28" (16/bg)		□ A&D Barrier Cream (4oz)		
		Lotion (8oz)			
Tranquility Adult Liner	Quantity	□ Shampoo Bodywash □ No-Rinse Shampoo (
	Quantity	□ Terry Cloth Feeding B			
□ 24"×9" (30/bg)					

Gloves

Limited to 200/month or 3 pairs/day

Products may change based on availablity

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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Graham Smith

Sales Director

 Cell: 206-718-3488
 Toll-Free: 1-800-845-4925

 Fax: 866-416-0621
 Email: grahams@soundviewmed.com