

# Montana 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:	

Can Mix Products for Night and Day Usage.

### Protective Underwear (Pull-Ups)

## Briefs with Refastenable Tabs

Limited to 180/month or 6/day

Tena® ProSkin for Men and Women	Quantity
□ Men (Gray) □ Women (Beige/Nude)	
□ Small/Medium 34"- 44" (20/bg) □ Large 45"- 58" (18/bg) □ XL 55"- 66" (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
<ul> <li>Small 22"- 36" (22/bg)</li> <li>Medium 34"- 48" (20/bg)</li> <li>Large 44"- 54" (18/bg)</li> <li>XL 48"- 66" (14/bg)</li> <li>2XL 62"- 80" (12/bg)</li> </ul>	
Prevail® Extra Pull-Up	Quantity
□ 2XL 68"- 80" (12/bg)	

Limited to 180/month or 6/day

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Tena® Complete + C	Care Ultra Brief	Quantity
□ Small 22"- 36" (12/bg □ Medium 32"- 44" (24/ □ Large 40"- 56" (24/bg □ XL 52"- 62" (24/bg)	/bg)	
Prevail® Per-Fit® B	rief	Quantity
□ Medium 32"- 44" (16/ □ Large 45"- 58" (18/bg □ XL 59"- 64" (15/bg) □ 2XL 62"- 73" (12/bg)	0.	
Gloves		
Limited to 400/month For Incontinence Use Only! Glo Be Ordered With Incontinence	oves May Only	
Gloves		Quantity
Style	Size	
□ Nitrile (100/bx) □ Vinyl (100/bx)	□ Small □ Medium □ Large □ XL	

## Bladder Control Pads & Liners

Limited to 180/month or 6/day

Tena® Light Pad	Quantity
<ul> <li>Moderate 11" (72/bg)</li> <li>Moderate Long 12" (60/bg)</li> <li>Heavy 14" (60/bg)</li> <li>Heavy Long 15" (39/bg)</li> </ul>	

Prevail® Bladder Control Pad	Quantity	
<ul> <li>Pantiliner 7.5" (26/bg)</li> <li>Moderate 9.25" (20/bg)</li> <li>Moderate Long 11" (16/bg)</li> <li>Maximum 11" (48/bg)</li> <li>Maximum Long 13" (39/bg)</li> <li>Male Guard 11" (14/bg)</li> </ul>		

## Underpads/Bedpads

Limited to 36/year washable or 240/month disposable User May Order Either Washable or Disposable Each Month & May Alternate Monthly.

Washable Underpad	Quantity
□ Plaid 34"×36" (10oz)	
□ Blue 34"×36" (10oz)	
□ XL Blue 36"×54" (10oz)	
Disposable Underpad	Quantity
□ Prevail Green 23"×36" (15/bg)	
□ Tranquility Moderate 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.

## Shaped Pads

Limited to 180/month or 6/day

## Prevail® Pant Liner

**Marcus Boone** 

Account Manager

#### **Tranquility Adult Liner**

□ 24"×9" (30/bg)

Personal Care Items	Quantity
🗆 Prevail Wipes (48ct)	
□ 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 Blue (1/ea)	

Products may change based on availablity

Quantity

Quantity

#### 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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