



Washington 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 #: _____
 ProviderOne #: _____
 Emergency Contact: _____
 Emergency Phone: _____
 Physician Name: _____
 Physician Address: _____
 City, State, Zip: _____
 Physician Phone: _____
 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® 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

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

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

Briefs with Refastenable Tabs

Limited to 200/month or 6/day

Tena® Complete + Care Ultra Brief Quantity

Small 22"- 36" (12/bg) _____

Medium 32"- 44" (20/bg) _____

Large 40"- 56" (20/bg) _____

XL 52"- 62" (20/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) _____

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.

Tranquility Booster Pad

Quantity

Standard 12"×4.25" (25/bg) _____

Long 15"×4.25" (25/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) _____

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) _____

Shaped Pads

Limited to 200/month or 6/day

Prevail® Shaped Pad

Quantity

- Pant Liner 28" (16/bg) _____

Tranquility Adult Liner

Quantity

- 24"×9" (30/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	
<input type="checkbox"/> Nitrile (100/bx)	<input type="checkbox"/> Small	_____
<input type="checkbox"/> Vinyl (100/bx)	<input type="checkbox"/> Medium	_____
	<input type="checkbox"/> Large	_____
	<input type="checkbox"/> XL	_____

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

- Plaid 34"×36" (10oz) _____
- Blue 34"×36" (10oz) _____
- XL Blue 36"×54" (10oz) _____

Disposable Underpad

Quantity

- Secure Care (Quilted, Blue) 23"×36" (10/bg) _____
- Prevail (Green) 23"×36" (15/bg) _____
- Tranquility (Blue) 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

- Procure Wipes (50/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 Blue (1/ea) _____

Products may change based on availability

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.

www.soundviewmed.com | www.facebook.com/soundviewmedicalsupply



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