



Soundview
Medical Supplies for Senior Care





Soundview

Medical Supplies for Senior Care

Incontinence Supplies • Urological Products • Facility Supplies
Nutritional Supplements • Smart Caregiver Nurse Call System •
Continuous Glucose Monitors • Fall Prevention Products • & More

Private Pay

- Extremely Competitive Pricing
- Discounted Facility Wholesale Pricing
- FREE Samples
- Large Selection of Products
- Smart Caregiver Nurse Call System
- Nutritional Supplements

Medicaid

- Highest Quality Products in the Industry
- Tranquility, TENA & Prevail Products
- Monthly Reminder Calls
- Dedicated Customer Service
- 2 FREE Personal Care Items Monthly
- 4 Boxes of Nitrile Gloves Monthly

Referrals • Samples • Questions
Call • Fax • Email

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



Cole Copeland
Account Manager

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LinkedIn: www.linkedin.com/in/colecopeland



Soundview
Medical Supplies for Senior Care



Facility Name: _____

Shipping Address: _____

Phone: _____

Cell: _____

Facility/Wholesale Price List

Date of Service: _____

Contact Name: _____

City, State, Zip: _____

Fax: _____

Email: _____

*Payment will be taken at time of order, we accept credit cards, checks & EFT.
Please contact your account manager to set up your payment portal for automated payments on account.*

Gloves

Nitrile Gloves

1000/cs-100/bx

		Quantity	Total
☐ Small	☐ Large	\$55.00/cs	_____
☐ Medium	☐ XL		_____

Stretch Vinyl Gloves

1000/cs-100/bx

		Quantity	Total
☐ Small	☐ Large	\$47.50/cs	_____
☐ Medium	☐ XL		_____

Personal Protection

Procedure Mask

	Quantity	Total
☐ Blue (50/bx)	\$6.49/bx	_____

Isolation Gown

	Quantity	Total
☐ Yellow (10/pk)	\$8.90/pk	_____

Shoe Cover

	Quantity	Total
☐ Blue (100/cs)	\$14.99/cs	_____

Hand Sanitizer

	Quantity	Total
☐ 8oz With Pump	\$4.40/ea	_____

Personal Care Items

Procure Wipes

	Quantity	Total
☐ 9"×12" (600/cs)	\$24.00/cs	_____
☐ 9"×12" (50/pk)	\$2.00/pk	_____

A&D Ointment

	Quantity	Total
☐ 4oz Tube	\$2.49/ea	_____

Selan+Zinc Oxide Barrier Cream

	Quantity	Total
☐ 4oz Tube	\$6.49/ea	_____

No-Rinse Periwash

	Quantity	Total
☐ Gallon	\$8.99/ea	_____
☐ 8oz Bottle	\$1.75/ea	_____

Shampoo/Bodywash

	Quantity	Total
☐ Scented Shampoo Gal	\$14.99/ea	_____
☐ Scented Shampoo 8oz	\$1.75/ea	_____

Simply Fresh Odor™ Eliminator

	Quantity	Total
☐ 8oz Bottle	\$7.49/ea	_____

Lotion

	Quantity	Total
☐ Remedy 8oz	\$2.25/ea	_____

Pump for Gallon Jug

	Quantity	Total
☐ Fits 1 Gallon Bottles	\$3.50/ea	_____

Med Cart Supplies

Plastic Drinking Cup

	Quantity	Total
☐ Clear 5oz (2500/cs)	\$73.99/cs	
☐ Clear 5oz (100/pk)	\$2.99/pk	

Medicine Cup

	Quantity	Total
☐ Plastic 1oz (5000/cs)	\$74.99/cs	
☐ Plastic 1oz (100/pk)	\$1.59/pk	
☐ Paper Souffle 1oz (250/pk)	\$3.49/pk	

Plastic Spoon

	Quantity	Total
☐ 5" (1000/cs)	\$29.99/cs	

Straw Individually Wrapped

	Quantity	Total
☐ Flex White 5"-.75" (400/bx)	\$4.99/bx	

Specimen Container

	Quantity	Total
☐ Sterile with lid 4 oz.	\$0.32/ea	

Specimen Pan/hat

	Quantity	Total
☐ White, Graduated	\$0.85/ea	

Silent Knight® Pill Crusher

	Quantity	Total
☐ Pill Crusher	\$139.99/ea	
☐ Pouches (1000/bx)	\$49.99/bx	

Sharps Container

	Quantity	Total
☐ Red (5qt)	\$6.49/ea	
☐ Red (1qt)	\$2.69/ea	

Drug Buster Pharmaceutical Disposal System

	Quantity	Total
☐ 16oz	\$13.99/ea	
☐ 64oz	\$27.99/ea	

Wound Care

Alcohol Prep Pads

	Quantity	Total
☐ (200/bx)	\$2.20/bx	

DermaKlenz® Wound Cleanser

	Quantity	Total
☐ 8oz (1/ea)	\$4.50/ea	

Triple Antibiotic Ointment

	Quantity	Total
☐ 1oz (1/ea)	\$3.99/ea	

Skin Staple Removal Kit

	Quantity	Total
☐ (1/ea)	\$1.75/ea	

Suture Removal Kit

	Quantity	Total
☐ (1/ea)	\$1.25/ea	

Adhesives

Conforming Bandage

	Quantity	Total
☐ Hook and Loop 4"×4" yards	\$1.25/ea	

Surgical Paper Tape

	Quantity	Total
☐ 1"×10 Yards (1/ea)	\$0.60/ea	

Bandages and Dressings

Curity™ Flexible Bandage

	Quantity	Total
☐ 1"×3" (50/bx)	\$1.75/bx	

Kerlix™ Gauze Bandage Roll

	Quantity	Total
☐ 2"×3 Yards (1/ea)	\$1.00/ea	
☐ 4"×4 Yards (1/ea)	\$1.50/ea	

Gauze Pad

	Quantity	Total
☐ 2"×2" (1/ea)	\$0.10/ea	
☐ 4"×4" (1/ea)	\$0.15/ea	

Steri-Strip Skin Closure Strips

	Quantity	Total
☐ 1/8"×3" (1/ea)	\$1.35/ea	

Tegaderm™ Transparent Dressing

	Quantity	Total
☐ 4"×4" (1/ea)	\$1.25/ea	
☐ 2¾"×2¾" (1/ea)	\$0.75/ea	

Proximel Foam Dressing

	Quantity	Total
☐ 2"×2" (1/ea)	\$1.75/ea	
☐ 4"×4" (1/ea)	\$2.25/ea	

Telfa™ Island Dressing

	Quantity	Total
☐ 3"×4" (1/ea)	\$0.30/ea	
☐ 4"×5" (1/ea)	\$1.10/ea	

Protective Underwear (Pull-Ups)

Tena® Dry Comfort Pull-Up GOOD		Quantity	Total
☐ Medium 34"- 44" (80/cs)	\$32.99/cs		
☐ Large 45"- 58" (72/cs)	\$32.99/cs		
☐ XL 55"- 66" (56/cs)	\$32.99/cs		

Tena® ProSkin <i>Gender-Specific</i> BETTER		Quantity	Total
☐ Men	☐ Women		
☐ Medium 34"- 44" (80/cs)	\$38.99/cs		
☐ Large 45"- 58" (72/cs)	\$38.99/cs		
☐ XL 55"- 66" (56/cs)	\$38.99/cs		

Tena® ProSkin Plus Pull-Up BEST		Quantity	Total
☐ Small 25"- 34" (60/cs)	\$40.96/cs		
☐ Medium 32"- 44" (80/cs)	\$41.96/cs		
☐ Large 45"- 58" (72/cs)	\$44.96/cs		
☐ XL 55"- 66" (56/cs)	\$41.96/cs		

Tranquility Moderate Pull-Up BEST		Quantity	Total
☐ Small 22"- 36" (100/cs)	\$46.00/cs		
☐ Medium 34"- 48" (100/cs)	\$56.00/cs		
☐ Large 44"- 54" (100/cs)	\$59.00/cs		
☐ XL 48"- 66" (100/cs)	\$72.00/cs		

Tranquility Heavy Pull-Up PREMIUM		Quantity	Total
☐ Small 22"- 36" (88/cs)	\$50.00/cs		
☐ Medium 34"- 48" (80/cs)	\$46.00/cs		
☐ Large 44"- 54" (72/cs)	\$48.00/cs		
☐ XL 48"- 66" (56/cs)	\$42.00/cs		
☐ 2XL 62"- 80" (48/cs)	\$45.00/cs		

Sure Care™ Pull-Up BETTER		Quantity	Total
☐ 2XL 60"- 80" (48/cs)	\$43.99/cs		

Tena® Extra Pull-Up NIGHT		Quantity	Total
☐ Small 25"- 35" (64/cs)	\$40.99/cs		
☐ Medium 32"- 44" (64/cs)	\$47.99/cs		
☐ Large 45"- 58" (64/cs)	\$52.99/cs		
☐ XL 55"- 66" (48/cs)	\$47.99/cs		

Booster Pads

Tranquility Booster Pad		Quantity	Total
☐ Standard 12"×4.25" (100/cs)	\$38.00/cs		
☐ Long 15"×4.25 (100/cs)	\$42.00/cs		

Shaped Pads

Tena® Shaped Pads		Quantity	Total
☐ Day Regular 24" (92/cs)	\$41.00/cs		
☐ Day Plus 24" (80/cs)	\$47.00/cs		
☐ Night 26" (48/cs)	\$46.00/cs		

Tranquility Adult Liner		Quantity	Total
☐ 24"×9" (120/cs)	\$52.00/cs		

Prevail Pant Liner		Quantity	Total
☐ 26" (92/cs)	\$39.00/cs		

Bladder Control Pads

Prevail Pads		Quantity	Total
☐ Moderate 9" (180/cs)	\$32.99/cs		
☐ Mod Long 11" (144/cs)	\$32.99/cs		
☐ Maximum 11" (192/cs)	\$43.99/cs		
☐ Max Long 13" (156/cs)	\$43.99/cs		
☐ Ultimate 16" (132/cs)	\$43.99/cs		
☐ Overnight 16" (120/cs)	\$43.99/cs		

Briefs with Refastenable Tabs

Tena® Complete+Care Ultra GOOD		Quantity	Total
☐ Medium 32"- 44" (80/cs)	\$32.96/cs		
☐ Large 40"- 56" (80/cs)	\$41.96/cs		
☐ XL 52"- 62" (80/cs)	\$49.96/cs		

Prevail® Bariatric Brief BETTER		Quantity	Total
☐ Bariatric A Brief (2XL) 62"- 73" (48/cs)	\$59.99/cs		
☐ Bariatric B Brief (3XL) Up to 100" (40/cs)	\$65.25/cs		

Tena® Small Brief BETTER		Quantity	Total
☐ 22"- 36" (96/cs)	\$49.99/cs		

Prevail® Breezer® Brief BEST		Quantity	Total
☐ Medium 32"- 44" (96/cs)	\$44.99/cs		
☐ Large 44"- 58" (72/cs)	\$44.99/cs		
☐ XL 59"- 64" (60/cs)	\$44.99/cs		

Tena® Ultra Brief NIGHT		Quantity	Total
☐ Medium 33"- 52" (80/cs)	\$46.99/cs		
☐ Large 41"- 64" (80/cs)	\$52.99/cs		
☐ XL 64"- 70" (60/cs)	\$46.99/cs		

Underpads/Bedpads

Washable Bedpads

		Quantity	Total
☐ Plaid 34"×36"	\$9.99/ea	_____	_____
☐ Blue 34"×39"	\$9.99/ea	_____	_____
☐ XL Blue 36"×54"	\$10.99/ea	_____	_____

Disposable Bedpads

		Quantity	Total
☐ Quilted Blue 23"×36" (150/cs)	\$30.00/cs	_____	_____
☐ Prevail Large 23"×36" (150/cs)	\$38.00/cs	_____	_____
☐ Tranquility 23"×36" (150/cs)	\$38.00/cs	_____	_____

Nutritional Supplements

Ensure® Original

	250 cal/can, 24/cs	Quantity	Total
☐ Vanilla	\$41.28/cs	_____	_____
☐ Chocolate	\$41.28/cs	_____	_____

Ensure® Plus

	355 cal/can, 24/cs	Quantity	Total
☐ Vanilla	\$45.60/cs	_____	_____
☐ Chocolate	\$45.60/cs	_____	_____

Glucerna® Shake

	220 cal/can, 24/cs	Quantity	Total
☐ Vanilla	\$53.76/cs	_____	_____
☐ Chocolate	\$53.76/cs	_____	_____
☐ Strawberry	\$53.76/cs	_____	_____

Nutritional Supplements

Boost®

	250 cal/bx, 24/cs	Quantity	Total
☐ Vanilla	\$34.56/cs	_____	_____
☐ Chocolate	\$34.56/cs	_____	_____

Boost Plus®

	360 cal/bx, 24/cs	Quantity	Total
☐ Vanilla	\$38.40/cs	_____	_____

Boost® VHC

	530 cal/bx, 24/cs	Quantity	Total
☐ Vanilla	\$48.00/cs	_____	_____
☐ Chocolate	\$48.00/cs	_____	_____

Boost Glucose Control®

	250 cal/bx, 24/cs	Quantity	Total
☐ Vanilla	\$48.00/cs	_____	_____

Benecalorie®

	330 cal, 24/cs	Quantity	Total
☐ Unflavored, 7gm protein	\$46.50/cs	_____	_____

Free shipping with \$75.00 minimum order

Subtotal	_____
Shipping (\$9.95)	_____
Tax (based on zip code)	_____
Total	_____

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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Private Pay/Retail Price List

Customer Name: _____

Date of Birth: _____

Facility Name: _____

Shipping Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Cell: _____

Email: _____

Date of Service: _____

Contact Name: _____

Emergency Contact: _____

Emergency Phone: _____

Billing Name: _____

Billing Address: _____

City, State, Zip: _____

Billing Phone: _____

Billing Email: _____

*Payment will be taken at time of order, we accept credit cards, checks & EFT.
Please contact your account manager to set up your payment portal for automated payments on account.*

Protective Underwear (Pull-Ups)

Tena® Dry Comfort Pull-Up	GOOD	Quantity	Total
☐ Medium 32"- 44" (80/cs)	\$39.99/cs	_____	_____
☐ Large 45"- 58" (72/cs)	\$39.99/cs	_____	_____
☐ XL 55"- 66" (56/cs)	\$39.99/cs	_____	_____

Tena® ProSkin Gender-specific	BETTER	Quantity	Total
☐ Men ☐ Women			
☐ Medium 34"- 44" (80/cs)	\$44.99/cs	_____	_____
☐ Large 45"- 58" (72/cs)	\$44.99/cs	_____	_____
☐ XL 55"- 66" (56/cs)	\$44.99/cs	_____	_____

Tena® ProSkin Plus Pull-Up	BEST	Quantity	Total
☐ Small 25"- 34" (60/cs)	\$49.96/cs	_____	_____
☐ Medium 32"- 44" (80/cs)	\$49.96/cs	_____	_____
☐ Large 45"- 58" (72/cs)	\$49.96/cs	_____	_____
☐ XL 55"- 66" (56/cs)	\$49.96/cs	_____	_____

Tranquility Moderate Pull-Up	BEST	Quantity	Total
☐ Small 22"- 36" (100/cs)	\$56.00/cs	_____	_____
☐ Medium 34"- 48" (100/cs)	\$67.00/cs	_____	_____
☐ Large 44"- 54" (100/cs)	\$70.00/cs	_____	_____
☐ XL 48"- 66" (100/cs)	\$86.00/cs	_____	_____

Tranquility Heavy Pull-Up	PREMIUM	Quantity	Total
☐ Small 22"- 36" (88/cs)	\$60.00/cs	_____	_____
☐ Medium 34"- 48" (80/cs)	\$56.00/cs	_____	_____
☐ Large 44"- 54" (72/cs)	\$58.00/cs	_____	_____
☐ XL 48"- 66" (56/cs)	\$51.00/cs	_____	_____
☐ 2XL 62"- 80" (48/cs)	\$54.00/cs	_____	_____
☐ 3XL 75" - 95" (40/cs)	\$78.00/cs	_____	_____

Briefs with Refastenable Tabs

Tena® Complete+Care Ultra	GOOD	Quantity	Total
☐ Medium 32"- 44" (80/cs)	\$35.96/cs	_____	_____
☐ Large 40"- 56" (80/cs)	\$46.96/cs	_____	_____
☐ XL 52"- 62" (80/cs)	\$55.96/cs	_____	_____

Tena® Ultra Brief	BEST	Quantity	Total
☐ Medium 34"- 47" (80/cs)	\$52.99/cs	_____	_____
☐ Large 48"- 59" (80/cs)	\$59.99/cs	_____	_____
☐ XL 60"- 67" (60/cs)	\$59.99/cs	_____	_____

Bariatric Products

Prevail® Bariatric Brief	BETTER	Quantity	Total
☐ Bariatric A Brief (2XL) 62"- 73" (48/cs)	\$64.99/cs	_____	_____
☐ Bariatric B Brief (3XL) Up to 100" (40/cs)	\$76.50/cs	_____	_____

Prevail® Pull-Up	BETTER	Quantity	Total
☐ 2XL 68"- 80" (48/cs)	\$57.99/cs	_____	_____

Booster Pads

Tranquility Booster Pad	Quantity	Total
☐ Standard 12"×4.25" (200/cs)	\$46.00/cs	_____
☐ Long 15"×4.25" (200/cs)	\$52.00/cs	_____

Bladder Control Pads

Prevail Pads

	Quantity	Total
☐ Moderate 9" (180/cs)	\$44.99/cs	
☐ Mod Long 11" (144/cs)	\$39.99/cs	
☐ Maximum 11" (192/cs)	\$51.99/cs	
☐ Max Long 13" (156/cs)	\$52.99/cs	
☐ Ultimate 16" (132/cs)	\$54.99/cs	
☐ Overnight 16" (120/cs)	\$59.99/cs	

Shaped Pads

Tena® Shaped Pads

	Quantity	Total
☐ Day Regular 24" (92/cs)	\$49.00/cs	
☐ Day Plus 24" (80/cs)	\$49.00/cs	
☐ Night 26" (48/cs)	\$49.00/cs	

Tranquility Adult Liner

	Quantity	Total
☐ 24"×9" (120/cs)	\$62.00/cs	

Prevail Pant Liner

	Quantity	Total
☐ 26" (92/cs)	\$48.00/cs	

Underpads/Bedpads

Washable Bedpads

	Quantity	Total
☐ Plaid 34"×36"	\$10.99/ea	
☐ Blue 34"×39"	\$10.99/ea	
☐ XL Blue 36"×54"	\$11.99/ea	

Disposable Bedpads

	Quantity	Total
☐ Quilted Blue 23"×36" (150/cs)	\$39.49/cs	
☐ Prevail Large 23"×36" (150/cs)	\$44.99/cs	
☐ Tranquility 23"×36" (150/cs)	\$44.99/cs	

Gloves

Nitrile Gloves

	100/bx	Quantity	Total
☐ Small ☐ Medium ☐ Large ☐ XL	\$6.50		

Stretch Vinyl Gloves

	100/bx	Quantity	Total
☐ Small ☐ Medium ☐ Large ☐ XL	\$5.50		

Personal Care Items

Procare Wipes

	Quantity	Total
☐ 9"×12" (600/cs)	\$29.99/cs	
☐ 9"×12" (50/pk)	\$2.50/pk	

No-Rinse Periwash

	Quantity	Total
☐ 8oz Bottle	\$1.99/ea	

Feeding Bib

	Quantity	Total
☐ Plaid 18"×32"	\$5.90/ea	
☐ Terry Cloth White	\$4.50/ea	
☐ Terry Cloth Blue	\$4.50/ea	

Odor™ Eliminator

	Quantity	Total
☐ 8oz Bottle	\$7.99/ea	

Shampoo

	Quantity	Total
☐ Scented (8oz)	\$1.99/ea	

A&D Ointment

	Quantity	Total
☐ 4oz Tube	\$2.99/ea	

Selan+Zinc Oxide Barrier Cream

	Quantity	Total
☐ 4oz Tube	\$6.99/ea	

Free shipping with \$75.00 minimum order

Subtotal	
Shipping (\$9.95)	
Tax (based on zip code)	
Total	

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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Cole Copeland
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Soundview
Medical Supplies for Senior Care



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) _____

Tena® ProSkin Plus Pull-Up

Quantity

☐ Small 25"-34" (15/bg) _____

☐ Medium 32"-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) _____

☐ 3XL 75" - 95" (10/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) _____

Prevail® Bariatric Brief

Quantity

☐ Bariatric A Brief (2XL) 62"- 73" (12/bg) _____

☐ Bariatric B Brief (3XL) Up to 100" (10/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) _____
- ☐ Male Guard 11" (14/bg) _____
- ☐ Maximum Long 13" (39/bg) _____
- ☐ Ultimate 16" (33/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 | |
|---|---------------------------------|-------|
| ☐ Nitrile (100/bx) | ☐ Small | _____ |
| ☐ Stretch Vinyl (100/bx) | ☐ Medium | _____ |
| ☐ Vinyl (100/bx) | ☐ Large | _____ |
| | ☐ 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

- ☐ Quilted Blue 23"×36" _____
- ☐ 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) _____
- ☐ No-Rinse Periwash (8oz) _____
- ☐ Hand Sanitizer (4oz) _____
- ☐ A&D Barrier Cream (4oz) _____
- ☐ Lotion (8oz) _____
- ☐ Shampoo Bodywash (8oz) _____
- ☐ Terry Cloth Feeding Bib White (1/ea) _____
- ☐ 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.

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Account Manager

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Urology Order Form

Step 1: Patient Information

First Name: _____ Last Name: _____
DOB: _____ Gender: ☐ Male ☐ Female
NOTE: Please include patient face sheet POA Name: _____ Phone Number: _____

Step 2: Facility Information

Facility Name: _____ Facility Contact: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____ Cell Number: _____ Email: _____

Step 3: Insurance Information

Medicare Number: _____ Medicaid Number: _____
Primary: _____ Secondary: _____ Policy/ID Number: _____

Step 4: Doctor Information

Primary Doctor Name: _____ Primary Doctor Address: _____
Primary Doctor Phone Number: _____ Primary Doctor Fax Number: _____
Urologist Name: _____ Urologist Address: _____
Urologist Phone Number: _____ Urologist Fax Number: _____

Step 5: Recommended Supplies

Straight Intermittent Catheters	Brand/Item	French Size/Length	Frequency of Use	Quantity
Intermittent Urinary Catheter Straight Tip (up to 200/mo)		☐ 8 FR ☐ 10 FR ☐ 12 FR ☐ 14 FR ☐ 16 FR ☐ 18 FR ☐ Male: 16" ☐ Female: 6"	☐ 2/day or 60/mo ☐ 3/day or 90/mo ☐ 4/day or 120/mo ☐ 5/day or 150/mo ☐ 6/day or 180/mo Other: _____	
Intermittent Urinary Catheter: Coude Tip (up to 200/mo) Note: Coude tip requires additional documentation		☐ 8 FR ☐ 10 FR ☐ 12 FR ☐ 14 FR ☐ 16 FR ☐ 18 FR ☐ Male: 16"	☐ 2/day or 60/mo ☐ 3/day or 90/mo ☐ 4/day or 120/mo ☐ 5/day or 150/mo ☐ 6/day or 180/mo Other: _____	
Indwelling Catheters	Brand/Item	French Size/Length	Frequency of Use	Quantity
Foley Catheter (1/mo) ☐ Standard latex w/coating ☐ 100% silicone		☐ 14 FR 5cc ☐ 14 FR 30cc ☐ 16 FR 5cc ☐ 14 FR 30cc ☐ 18 FR 5cc ☐ 14 FR 30cc ☐ 20 FR 5cc ☐ 14 FR 30cc ☐ 22 FR 5cc ☐ 14 FR 30cc ☐ 24 FR 5cc ☐ 14 FR 30cc		
Foley Catheter Insertion Tray (up to 1/mo) Note: Required to be sent with Foley Catheters				

Male External Catheters	Brand/Item	French Size/Length	Frequency of Use	Quantity
Male Catheter (up to 35/mo) ☐ Latex		☐ 23mm ☐ 28mm ☐ 31mm ☐ 35mm		
Male Catheter (up to 35/mo) ☐ Latex-free, no aloe		☐ 25mm ☐ 29mm ☐ 32mm ☐ 36mm ☐ 41mm		
Male Catheter (up to 35/mo) ☐ Latex-free, w/ aloe		☐ 23mm ☐ 28mm ☐ 31mm ☐ 35mm ☐ 40mm		
Urinary Drainage Collection Systems	Brand/Item	French Size/Length	Frequency of Use	Quantity
☐ Urinary Leg Bag, 19oz (up to 2/mo) ☐ Bedside Drainage Bag, 2000ml (up to 2/mo) Note: May choose up to 2 of each				
Miscellaneous Supplies	Brand/Item	French Size/Length	Frequency of Use	Quantity
Lubricant ☐ Packets (1/packet per catheter) ☐ Tube				
Anchoring ☐ Foley Anchoring Device (up to 12/mo) ☐ Foley Leg Strap (up to 1/mo) Note: Only 1 type of anchor can be sent monthly				

Note: There may be an out-of-pocket expense of up to 20% of services if the customer does not have a secondary coverage in addition to Medicare coverage. DME supplies covered by Medicare are subject to the annual Medicare Part B deductible.

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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Soundview
Medical Supplies for Senior Care



Smart Caregiver Price List

Facility Name: _____
Contact Name: _____
Shipping Address: _____
Phone: _____
Cell: _____

Date of Service: _____
PO #: _____
City, State, Zip: _____
Fax: _____
Email: _____

Wireless Monitoring Units & Individual Components

40 Channel CMU

☐ 433-CMU-40, 1 Year Warranty \$99.95/ea _____
300 Foot Range
40 Device Capacity

Pager With Reset Button

☐ 433-PRB, 6 Month Warranty \$59.95/ea _____

Cordless Chair Sensor

☐ PTC-WI, 1 Year Warranty \$69.95/ea _____
10"×15", 1 Year Pad Life

Non-Replaceable Transmitter

Cordless Bed Sensor

☐ PTB-WI, 1 Year Warranty \$71.95/ea _____
20"×30", 1 Year Pad Life

Non-Replaceable Transmitter

Cordless Floor Mat

☐ PTFM-07C, 1 Year Warranty \$139.95/ea _____
24"×48", 1 Year Pad Life

Replaceable Transmitter

Cordless Landing Mat

☐ LM-01C, 1 Year Warranty \$159.95/ea _____
24"×72", 1 Year Pad Life

Replaceable Transmitter

Cordless Fall Mattress

☐ GWC-02, 1 Year Warranty \$199.95/ea _____
24"×72", 1 Year Pad Life

Replaceable Transmitter

Soundview Special Package

Soundview Special	Quantity	Total
☐ SVS-433-SYS \$259.95/ea _____ (1) 433-CMU-40, (1) 433-PRB (1) 433-MS, (6) 433-NC		

Reset Button

☐ 433-RB, 90 Day Warranty \$29.95/ea _____

Nurse Call Button

☐ 433-NC, 90 Day Warranty \$16.95/ea _____

Motion Sensor

☐ 433-MS, 90 Day Warranty \$29.95/ea _____

Door/Window Alarm

☐ 433-EXT, 1 Year Warranty \$29.95/ea _____

Soft Touch Wrist Call Button

☐ 433-TB, 1 Year Warranty \$34.95/ea _____

Soft Touch Call Button

☐ NC-03, 90 Day Warranty \$29.95/ea _____
For Use With TL-2016R6

Replacement Transmitter

☐ TM-FM For Cordless® \$29.95/ea _____
Floor Mats

Water Resistant Pull Cord

☐ 2017-CB, 1 Year Warranty \$59.95/ea _____

Stand-Alone Systems

(Cannot Be Combined With Any Other Products)

Motion Sensor Alarm With Swivel Bracket

	Quantity	Total
☐ RP-TL-2700, 90 Day Warranty	\$29.95/ea	

Two Nurse Call Buttons & Pager

	Quantity	Total
☐ RP-TL-5102TP 90 Day Warranty	\$49.95/ea	

Motion Sensor & Pager

	Quantity	Total
☐ RP-TL-5102MP 90 Day Warranty	\$49.95/ea	

Motion Sensor & Receiver

	Quantity	Total
☐ RP-TL-2800, 90 Day Warranty	\$49.95/ea	

Complete Chair Exit Monitoring System

	Quantity	Total
☐ RP-BC1-SYS, 90 Day Warranty	\$59.95/ea	

Complete Bed Exit Monitoring System

	Quantity	Total
☐ RP-BBR1-SYS 90 Day Warranty	\$65.95/ea	

Complete Cordless Chair Exit Monitoring System

	Quantity	Total
☐ RP-433C1-SYS 90 Day Warranty	\$99.95/ea	

Complete Cordless Bed Exit Monitoring System

	Quantity	Total
☐ RP-433BR1-SYS 90 Day Warranty	\$99.95/ea	

Pull-String Monitor

Unbreakable Pull-String Monitor

	Quantity	Total
☐ TL-2000, Lifetime Warranty	\$49.95/ea	

Miscellaneous Products

23V 12A Battery

	Quantity	Total
☐ 23V 12A Battery For 433-NC & 433-EXT	\$1.95/ea	

AC Adapter

	Quantity	Total
☐ AC-04, 90 Day Warranty 12 Volt For Use With 433-MS	\$8.95/ea	

Replacement Pager Case

	Quantity	Total
☐ PGC-01, Replacement Case For 433-PRB	\$9.95/ea	

Wireless Adapter For Monitors With Nurse Call Port

	Quantity	Total
☐ 433-NCA, 90 Day Warranty	\$26.90/ea	

60 Channel Central Monitoring Unit

	Quantity	Total
☐ 433-CMU-60 1 Year Warranty 300 Foot Range 60 Device Capacity	\$129.95/ea	

Dual Pull-String Alarm

	Quantity	Total
☐ TL-3100V, 1 Year Warranty Needs 433-NCA To Work With CMU	\$59.95/ea	

Quiet Fall Alert Monitor

	Quantity	Total
☐ TL-2016R6, 1 Year Warranty Works With NC-03 To Send Signal To 433-CMU-40	\$99.95/ea	

Special Order

Subtotal	
Shipping (\$15.00)	
Tax (based on zip code)	
Total	

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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Soundview
Medical Supplies for Senior Care



Continuous Glucose Monitors Order Form

Customer Name:

Date of Birth:

Facility Name:

Contact Name:

Shipping Address:

City/State/Zip:

Physician Name:

Physician Address:

City/State/Zip:

Physician Phone:

Physician Fax:

Date of Service:

Medicare #:

Medicare Advantage Plan:

Medicare Advantage #:

Medicaid #:

Billing POA:

Billing Address:

Billing City/State/Zip:

Billing Phone:

Billing Cell:

Billing Email:

*CGM eligibility, reimbursement, copays & prior authorizations vary between plans.
Individual benefits will be determined prior to product shipment.*

FreeStyle Libre

FreeStyle Libre 3+

☐ System with reader and
monthly sensors

FreeStyle Libre

FreeStyle Libre 3

☐ System with reader and
monthly sensors

FreeStyle Libre

FreeStyle Libre 2

☐ System with reader and
monthly sensors

Dexcom

Dexcom G7

☐ System with reader and
monthly sensors

Sensors Only

Date Purchased (*month/year required*)

Name of Supplier/Pharmacy Reader was Purchased From

Reader Model

Serial Number

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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FreeStyle
Libre 3



The world's smallest, thinnest^{†1} sensor
Now covered by Medicare^{†2}

Abbott
life. to the fullest.®

Product images are for illustrative purposes only.

The FreeStyle Libre 3 app is only compatible with certain mobile devices and operating systems. Please check our website for more information about device compatibility before using the app.

Abbott provides this information as a courtesy; it is subject to change and interpretation. The customer is ultimately responsible for determining the appropriate codes, coverage, and payment policies for individual patients. Abbott does not guarantee third party coverage or payment for our products or reimburse customers for claims that are denied by third party payors. Medicare coverage is available for FreeStyle Libre systems if their respective readers are used to review glucose data on some days every month. Medicare and other third-party payor criteria apply.

*Data based on total active Medicare patients with CGM readers. †Patients must meet Medicare eligibility coverage criteria. ‡Among patient-applied sensors.

1. Data on File. Abbott Diabetes Care.

2. Local Coverage Determination (LCD) L33822, Glucose Monitors, <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33822>.

See last page for Important Safety Information.



» Performance

The most accurate¹ CGM with readings every minute sent directly to your patient's smartphone* or reader[†]
Stronger bluetooth range[‡]



» Discretion

Smaller than two stacked pennies²
No overpatch required¹ for regular sensor use



» Easy

Easy to apply² using a 1-piece applicator
Easy to use^{§2,3} like all FreeStyle Libre systems
14 day wear¹

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Soundview
Medical Supplies for Senior Care


FreeStyle
Libre 3

 **Abbott**
life. to the fullest.®

Product images are for illustrative purposes only.

Medicare coverage is available for the FreeStyle Libre 3 system if the FreeStyle Libre 3 reader is used to review glucose data on some days every month. Medicare and other third party payor criteria apply. Abbott provides this information as a courtesy; it is subject to change and interpretation. The customer is ultimately responsible for determining the appropriate codes, coverage, and payment policies for individual patients. Abbott does not guarantee third party coverage or payment for our products or reimburse customers for claims that are denied by third party payors.

*The FreeStyle Libre 3 app is only compatible with certain mobile devices and operating systems. Please check our website for more information about device compatibility before using the app. †The FreeStyle Libre 3 app and the FreeStyle Libre 3 reader have similar but not identical features. Fingersticks are required for treatment decisions when you see Check Blood Glucose symbol and when your glucose alarms and readings from the system do not match symptoms or expectations. ‡Based on comparison of data communication range with Dexcom G7 User Guide, Dexcom G6 User Guide

and Medtronic Guardian Connect System User Guide. §Data from this study was collected with the outside US version of the FreeStyle Libre 14 day system. FreeStyle Libre 3 has similar features as FreeStyle Libre 14 day and FreeStyle Libre 2 systems. Therefore the study data is applicable

1. FreeStyle Libre 3 User's Manual. 2. Data on File. Abbott Diabetes Care. 3. Haak, T, et al. *Diabetes Therapy* (2017): <https://doi.org/10.1007/s13300-016-0223-6>.

Important Safety Information

Failure to use FreeStyle Libre 3 system as instructed in labeling may result in missing a severe low or high glucose event and/or making a treatment decision, resulting in injury. If glucose alarms and readings do not match symptoms or expectations, use a fingerstick value from a blood glucose meter for treatment decisions. Seek medical attention when appropriate or contact Abbott at 855-632-8658 or <https://www.FreeStyle.abbott/us-en/safety-information.html> for safety info.

The sensor housing, FreeStyle, Libre, and related brand marks are marks of Abbott.

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Questions: Contact Us:

Phone: 800-845-4925 | Fax: 866-416-0621 | www.soundviewmed.com

