



**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

Referrals • Samples • Questions  
Call • Fax • Email

[www.soundviewmed.com](http://www.soundviewmed.com) | [www.facebook.com/soundviewmedicalsupply](https://www.facebook.com/soundviewmedicalsupply)



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**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
<input type="checkbox"/> Small	<input type="checkbox"/> Large	\$55.00/cs	_____
<input type="checkbox"/> Medium	<input type="checkbox"/> XL		_____

### Stretch Vinyl Gloves

1000/cs-100/bx

		Quantity	Total
<input type="checkbox"/> Small	<input type="checkbox"/> Large	\$47.50/cs	_____
<input type="checkbox"/> Medium	<input type="checkbox"/> XL		_____

## Personal Protection

### Procedure Mask

	Quantity	Total
<input type="checkbox"/> Blue (50/bx)	\$6.49/bx	_____

### Isolation Gown

	Quantity	Total
<input type="checkbox"/> Yellow (10/pk)	\$8.90/pk	_____

### Shoe Cover

	Quantity	Total
<input type="checkbox"/> Blue (100/cs)	\$14.99/cs	_____

### Hand Sanitizer

	Quantity	Total
<input type="checkbox"/> 8oz With Pump	\$4.40/ea	_____

## Personal Care Items

### Procure Wipes

	Quantity	Total
<input type="checkbox"/> 9"×12" (600/cs)	\$24.00/cs	_____
<input type="checkbox"/> 9"×12" (50/pk)	\$2.00/pk	_____

### A&D Ointment

	Quantity	Total
<input type="checkbox"/> 4oz Tube	\$2.49/ea	_____

### Selan+Zinc Oxide Barrier Cream

	Quantity	Total
<input type="checkbox"/> 4oz Tube	\$6.49/ea	_____

### No-Rinse Periwash

	Quantity	Total
<input type="checkbox"/> Gallon	\$8.99/ea	_____
<input type="checkbox"/> 8oz Bottle	\$1.75/ea	_____

### Shampoo/Bodywash

	Quantity	Total
<input type="checkbox"/> Scented Shampoo Gal	\$14.99/ea	_____
<input type="checkbox"/> Scented Shampoo 8oz	\$1.75/ea	_____

### Simply Fresh Odor™ Eliminator

	Quantity	Total
<input type="checkbox"/> 8oz Bottle	\$7.49/ea	_____

### Lotion

	Quantity	Total
<input type="checkbox"/> Remedy 8oz	\$2.25/ea	_____

### Pump for Gallon Jug

	Quantity	Total
<input type="checkbox"/> Fits 1 Gallon Bottles	\$3.50/ea	_____

## Med Cart Supplies

### Plastic Drinking Cup

	Quantity	Total
<input type="checkbox"/> Clear 5oz (2500/cs)	\$73.99/cs	
<input type="checkbox"/> Clear 5oz (100/pk)	\$2.99/pk	

### Medicine Cup

	Quantity	Total
<input type="checkbox"/> Plastic 1oz (5000/cs)	\$74.99/cs	
<input type="checkbox"/> Plastic 1oz (100/pk)	\$1.59/pk	
<input type="checkbox"/> Paper Souffle 1oz (250/pk)	\$3.49/pk	

### Plastic Spoon

	Quantity	Total
<input type="checkbox"/> 5" (1000/cs)	\$29.99/cs	

### Straw Individually Wrapped

	Quantity	Total
<input type="checkbox"/> Flex White 5"-.75" (400/bx)	\$4.99/bx	

### Specimen Container

	Quantity	Total
<input type="checkbox"/> Sterile with lid 4 oz.	\$0.32/ea	

### Specimen Pan/hat

	Quantity	Total
<input type="checkbox"/> White, Graduated	\$0.85/ea	

### Silent Knight® Pill Crusher

	Quantity	Total
<input type="checkbox"/> Pill Crusher	\$139.99/ea	
<input type="checkbox"/> Pouches (1000/bx)	\$49.99/bx	

### Sharps Container

	Quantity	Total
<input type="checkbox"/> Red (5qt)	\$6.49/ea	
<input type="checkbox"/> Red (1qt)	\$2.69/ea	

### Drug Buster Pharmaceutical Disposal System

	Quantity	Total
<input type="checkbox"/> 16oz	\$13.99/ea	
<input type="checkbox"/> 64oz	\$27.99/ea	

## Wound Care

### Alcohol Prep Pads

	Quantity	Total
<input type="checkbox"/> (200/bx)	\$2.20/bx	

### DermaKlenz® Wound Cleanser

	Quantity	Total
<input type="checkbox"/> 8oz (1/ea)	\$4.50/ea	

### Triple Antibiotic Ointment

	Quantity	Total
<input type="checkbox"/> 1oz (1/ea)	\$3.99/ea	

### Skin Staple Removal Kit

	Quantity	Total
<input type="checkbox"/> (1/ea)	\$1.75/ea	

### Suture Removal Kit

	Quantity	Total
<input type="checkbox"/> (1/ea)	\$1.25/ea	

## Adhesives

### Conforming Bandage

	Quantity	Total
<input type="checkbox"/> Hook and Loop 4"×4" yards	\$1.25/ea	

### Surgical Paper Tape

	Quantity	Total
<input type="checkbox"/> 1"×10 Yards (1/ea)	\$0.60/ea	

## Bandages and Dressings

### Curity™ Flexible Bandage

	Quantity	Total
<input type="checkbox"/> 1"×3" (50/bx)	\$1.75/bx	

### Kerlix™ Gauze Bandage Roll

	Quantity	Total
<input type="checkbox"/> 2"×3 Yards (1/ea)	\$1.00/ea	
<input type="checkbox"/> 4"×4 Yards (1/ea)	\$1.50/ea	

### Gauze Pad

	Quantity	Total
<input type="checkbox"/> 2"×2" (1/ea)	\$0.10/ea	
<input type="checkbox"/> 4"×4" (1/ea)	\$0.15/ea	

### Steri-Strip Skin Closure Strips

	Quantity	Total
<input type="checkbox"/> 1/8"×3" (1/ea)	\$1.35/ea	

### Tegaderm™ Transparent Dressing

	Quantity	Total
<input type="checkbox"/> 4"×4" (1/ea)	\$1.25/ea	
<input type="checkbox"/> 2¾"×2¾" (1/ea)	\$0.75/ea	

### Proximel Foam Dressing

	Quantity	Total
<input type="checkbox"/> 2"×2" (1/ea)	\$1.75/ea	
<input type="checkbox"/> 4"×4" (1/ea)	\$2.25/ea	

### Telfa™ Island Dressing

	Quantity	Total
<input type="checkbox"/> 3"×4" (1/ea)	\$0.30/ea	
<input type="checkbox"/> 4"×5" (1/ea)	\$1.10/ea	



## Protective Underwear (Pull-Ups)

Tena® Dry Comfort Pull-Up <b>GOOD</b>		Quantity	Total
<input type="checkbox"/> Medium 34"- 44" (80/cs)	\$32.99/cs		
<input type="checkbox"/> Large 45"- 58" (72/cs)	\$32.99/cs		
<input type="checkbox"/> XL 55"- 66" (56/cs)	\$32.99/cs		

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

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

Tranquility Moderate Pull-Up <b>BEST</b>		Quantity	Total
<input type="checkbox"/> Small 22"- 36" (100/cs)	\$46.00/cs		
<input type="checkbox"/> Medium 34"- 48" (100/cs)	\$56.00/cs		
<input type="checkbox"/> Large 44"- 54" (100/cs)	\$59.00/cs		
<input type="checkbox"/> XL 48"- 66" (100/cs)	\$72.00/cs		

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

Sure Care™ Pull-Up <b>BETTER</b>		Quantity	Total
<input type="checkbox"/> 2XL 60"- 80" (48/cs)	\$43.99/cs		

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

## Booster Pads

Tranquility Booster Pad		Quantity	Total
<input type="checkbox"/> Standard 12"×4.25" (100/cs)	\$38.00/cs		
<input type="checkbox"/> Long 15"×4.25 (100/cs)	\$42.00/cs		

## Shaped Pads

Tena® Shaped Pads		Quantity	Total
<input type="checkbox"/> Day Regular 24" (92/cs)	\$41.00/cs		
<input type="checkbox"/> Day Plus 24" (80/cs)	\$47.00/cs		
<input type="checkbox"/> Night 26" (48/cs)	\$46.00/cs		

Tranquility Adult Liner		Quantity	Total
<input type="checkbox"/> 24"×9" (120/cs)	\$52.00/cs		

Prevail Pant Liner		Quantity	Total
<input type="checkbox"/> 26" (92/cs)	\$39.00/cs		

## Bladder Control Pads

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

## Briefs with Refastenable Tabs

Tena® Complete+Care Ultra <b>GOOD</b>		Quantity	Total
<input type="checkbox"/> Medium 32"- 44" (80/cs)	\$32.96/cs		
<input type="checkbox"/> Large 40"- 56" (80/cs)	\$41.96/cs		
<input type="checkbox"/> XL 52"- 62" (80/cs)	\$49.96/cs		

Prevail® Bariatric Brief <b>BETTER</b>		Quantity	Total
<input type="checkbox"/> Bariatric A Brief (2XL) 62"- 73" (48/cs)	\$59.99/cs		
<input type="checkbox"/> Bariatric B Brief (3XL) Up to 100" (40/cs)	\$65.25/cs		

Tena® Small Brief <b>BETTER</b>		Quantity	Total
<input type="checkbox"/> 22"- 36" (96/cs)	\$49.99/cs		

Prevail® Breezer® Brief <b>BEST</b>		Quantity	Total
<input type="checkbox"/> Medium 32"- 44" (96/cs)	\$44.99/cs		
<input type="checkbox"/> Large 44"- 58" (72/cs)	\$44.99/cs		
<input type="checkbox"/> XL 59"- 64" (60/cs)	\$44.99/cs		

Tena® Ultra Brief <b>NIGHT</b>		Quantity	Total
<input type="checkbox"/> Medium 33"- 52" (80/cs)	\$46.99/cs		
<input type="checkbox"/> Large 41"- 64" (80/cs)	\$52.99/cs		
<input type="checkbox"/> XL 64"- 70" (60/cs)	\$46.99/cs		

## Underpads/Bedpads

### Washable Bedpads

		Quantity	Total
<input type="checkbox"/> Plaid 34"×36"	\$9.99/ea	_____	_____
<input type="checkbox"/> Blue 34"×39"	\$9.99/ea	_____	_____
<input type="checkbox"/> XL Blue 36"×54"	\$10.99/ea	_____	_____

### Disposable Bedpads

		Quantity	Total
<input type="checkbox"/> Quilted Blue 23"×36" (150/cs)	\$30.00/cs	_____	_____
<input type="checkbox"/> Prevail Large 23"×36" (150/cs)	\$38.00/cs	_____	_____
<input type="checkbox"/> Tranquility 23"×36" (150/cs)	\$38.00/cs	_____	_____

## Nutritional Supplements

### Ensure® Original

	250 cal/can, 24/cs	Quantity	Total
<input type="checkbox"/> Vanilla	\$41.28/cs	_____	_____
<input type="checkbox"/> Chocolate	\$41.28/cs	_____	_____

### Ensure® Plus

	355 cal/can, 24/cs	Quantity	Total
<input type="checkbox"/> Vanilla	\$45.60/cs	_____	_____
<input type="checkbox"/> Chocolate	\$45.60/cs	_____	_____

### Glucerna® Shake

	220 cal/can, 24/cs	Quantity	Total
<input type="checkbox"/> Vanilla	\$53.76/cs	_____	_____
<input type="checkbox"/> Chocolate	\$53.76/cs	_____	_____
<input type="checkbox"/> Strawberry	\$53.76/cs	_____	_____

## Nutritional Supplements

### Boost®

	250 cal/bx, 24/cs	Quantity	Total
<input type="checkbox"/> Vanilla	\$34.56/cs	_____	_____
<input type="checkbox"/> Chocolate	\$34.56/cs	_____	_____

### Boost Plus®

	360 cal/bx, 24/cs	Quantity	Total
<input type="checkbox"/> Vanilla	\$38.40/cs	_____	_____

### Boost® VHC

	530 cal/bx, 24/cs	Quantity	Total
<input type="checkbox"/> Vanilla	\$48.00/cs	_____	_____
<input type="checkbox"/> Chocolate	\$48.00/cs	_____	_____

### Boost Glucose Control®

	250 cal/bx, 24/cs	Quantity	Total
<input type="checkbox"/> Vanilla	\$48.00/cs	_____	_____

### Benecalorie®

	330 cal, 24/cs	Quantity	Total
<input type="checkbox"/> 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.

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



**Scott Sobel**  
Account Manager

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# Soundview

Medical Supplies for Senior Care



# 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
<input type="checkbox"/> Medium 32"- 44" (80/cs)	\$39.99/cs	_____	_____
<input type="checkbox"/> Large 45"- 58" (72/cs)	\$39.99/cs	_____	_____
<input type="checkbox"/> XL 55"- 66" (56/cs)	\$39.99/cs	_____	_____

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

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

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

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

## Briefs with Refastenable Tabs

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

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

## Bariatric Products

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

Prevail® Pull-Up	BETTER	Quantity	Total
<input type="checkbox"/> 2XL 68"- 80" (48/cs)	\$57.99/cs	_____	_____

## Booster Pads

Tranquility Booster Pad	Quantity	Total
<input type="checkbox"/> Standard 12"×4.25" (200/cs)	\$46.00/cs	_____
<input type="checkbox"/> Long 15"×4.25" (200/cs)	\$52.00/cs	_____

## Bladder Control Pads

### Prevail Pads

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

## Shaped Pads

### Tena® Shaped Pads

	Quantity	Total
<input type="checkbox"/> Day Regular 24" (92/cs)	\$49.00/cs	
<input type="checkbox"/> Day Plus 24" (80/cs)	\$49.00/cs	
<input type="checkbox"/> Night 26" (48/cs)	\$49.00/cs	

### Tranquility Adult Liner

	Quantity	Total
<input type="checkbox"/> 24"×9" (120/cs)	\$62.00/cs	

### Prevail Pant Liner

	Quantity	Total
<input type="checkbox"/> 26" (92/cs)	\$48.00/cs	

## Underpads/Bedpads

### Washable Bedpads

	Quantity	Total
<input type="checkbox"/> Plaid 34"×36"	\$10.99/ea	
<input type="checkbox"/> Blue 34"×39"	\$10.99/ea	
<input type="checkbox"/> XL Blue 36"×54"	\$11.99/ea	

### Disposable Bedpads

	Quantity	Total
<input type="checkbox"/> Quilted Blue 23"×36" (150/cs)	\$39.49/cs	
<input type="checkbox"/> Prevail Large 23"×36" (150/cs)	\$44.99/cs	
<input type="checkbox"/> Tranquility 23"×36" (150/cs)	\$44.99/cs	

## Gloves

### Nitrile Gloves

	100/bx	Quantity	Total
<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL	\$6.50		

### Stretch Vinyl Gloves

	100/bx	Quantity	Total
<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL	\$5.50		

## Personal Care Items

### Procare Wipes

	Quantity	Total
<input type="checkbox"/> 9"×12" (600/cs)	\$29.99/cs	
<input type="checkbox"/> 9"×12" (50/pk)	\$2.50/pk	

### No-Rinse Periwash

	Quantity	Total
<input type="checkbox"/> 8oz Bottle	\$1.99/ea	

### Feeding Bib

	Quantity	Total
<input type="checkbox"/> Plaid 18"×32"	\$5.90/ea	
<input type="checkbox"/> Terry Cloth White	\$4.50/ea	
<input type="checkbox"/> Terry Cloth Blue	\$4.50/ea	

### Odor™ Eliminator

	Quantity	Total
<input type="checkbox"/> 8oz Bottle	\$7.99/ea	

### Shampoo

	Quantity	Total
<input type="checkbox"/> Scented (8oz)	\$1.99/ea	

### A&D Ointment

	Quantity	Total
<input type="checkbox"/> 4oz Tube	\$2.99/ea	

### Selan+Zinc Oxide Barrier Cream

	Quantity	Total
<input type="checkbox"/> 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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**Scott Sobel**  
Account Manager

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Fax: 866-416-0621

Email: scotts@soundviewmed.com  
LinkedIn: www.linkedin.com/in/scottsobelsoundview





**Soundview**  
Medical Supplies for Senior Care



# Oregon 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 Up to 3 Products Per Month Between Pull-Ups, Briefs & Bladder Control Pads.  
Combination of 3 Products May Not Exceed 200/month.*

## Protective Underwear (Pull-Ups)

*Limited to 200/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) \_\_\_\_\_

### 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) \_\_\_\_\_

### Bariatric Pull-Up

Quantity

☐ Prevail® 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) \_\_\_\_\_

## Gloves

*Limited to 200/month or 3 pairs/day*

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

### Gloves

Quantity

Style

☐ Nitrile (100/bx)

☐ Synthetic Vinyl (100/bx)

☐ Vinyl (100/bx)

Size

☐ Small

☐ Medium

☐ Large

☐ XL

## 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® Pant Liner

Quantity

- ☐ Moderate Absorbency 28" (16/bg)

### Tranquility Adult Liner

Quantity

- ☐ 24"×9" (30/bg)

## Underpads/Bedpads

Limited to 8/year washable or 100/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

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

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

**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

	Quantity	Total
<input type="checkbox"/> 433-CMU-40, 1 Year Warranty 300 Foot Range 40 Device Capacity	\$99.95/ea _____	_____

### Pager With Reset Button

	Quantity	Total
<input type="checkbox"/> 433-PRB, 6 Month Warranty	\$59.95/ea _____	_____

### Cordless Chair Sensor

	Quantity	Total
<input type="checkbox"/> PTC-WI, 1 Year Warranty 10"×15", 1 Year Pad Life	\$69.95/ea _____	_____

**Non-Replaceable Transmitter**

### Cordless Bed Sensor

	Quantity	Total
<input type="checkbox"/> PTB-WI, 1 Year Warranty 20"×30", 1 Year Pad Life	\$71.95/ea _____	_____

**Non-Replaceable Transmitter**

### Cordless Floor Mat

	Quantity	Total
<input type="checkbox"/> PTFM-07C, 1 Year Warranty 24"×48", 1 Year Pad Life	\$139.95/ea _____	_____

**Replaceable Transmitter**

### Cordless Landing Mat

	Quantity	Total
<input type="checkbox"/> LM-01C, 1 Year Warranty 24"×72", 1 Year Pad Life	\$159.95/ea _____	_____

**Replaceable Transmitter**

### Cordless Fall Mattress

	Quantity	Total
<input type="checkbox"/> GWC-02, 1 Year Warranty 24"×72", 1 Year Pad Life	\$199.95/ea _____	_____

**Replaceable Transmitter**

## Soundview Special Package

Soundview Special	Quantity	Total
<input type="checkbox"/> SVS-433-SYS (1) 433-CMU-40, (1) 433-PRB (1) 433-MS, (6) 433-NC	\$259.95/ea _____	_____

### Reset Button

	Quantity	Total
<input type="checkbox"/> 433-RB, 90 Day Warranty	\$29.95/ea _____	_____

### Nurse Call Button

	Quantity	Total
<input type="checkbox"/> 433-NC, 90 Day Warranty	\$16.95/ea _____	_____

### Motion Sensor

	Quantity	Total
<input type="checkbox"/> 433-MS, 90 Day Warranty	\$29.95/ea _____	_____

### Door/Window Alarm

	Quantity	Total
<input type="checkbox"/> 433-EXT, 1 Year Warranty	\$29.95/ea _____	_____

### Soft Touch Wrist Call Button

	Quantity	Total
<input type="checkbox"/> 433-TB, 1 Year Warranty	\$34.95/ea _____	_____

### Soft Touch Call Button

	Quantity	Total
<input type="checkbox"/> NC-03, 90 Day Warranty For Use With TL-2016R6	\$29.95/ea _____	_____

### Replacement Transmitter

	Quantity	Total
<input type="checkbox"/> TM-FM For Cordless® Floor Mats	\$29.95/ea _____	_____

### Water Resistant Pull Cord

	Quantity	Total
<input type="checkbox"/> 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
<input type="checkbox"/> RP-TL-2700, 90 Day Warranty	\$29.95/ea	

### Two Nurse Call Buttons & Pager

	Quantity	Total
<input type="checkbox"/> RP-TL-5102TP 90 Day Warranty	\$49.95/ea	

### Motion Sensor & Pager

	Quantity	Total
<input type="checkbox"/> RP-TL-5102MP 90 Day Warranty	\$49.95/ea	

### Motion Sensor & Receiver

	Quantity	Total
<input type="checkbox"/> RP-TL-2800, 90 Day Warranty	\$49.95/ea	

### Complete Chair Exit Monitoring System

	Quantity	Total
<input type="checkbox"/> RP-BC1-SYS, 90 Day Warranty	\$59.95/ea	

### Complete Bed Exit Monitoring System

	Quantity	Total
<input type="checkbox"/> RP-BBR1-SYS 90 Day Warranty	\$65.95/ea	

### Complete Cordless Chair Exit Monitoring System

	Quantity	Total
<input type="checkbox"/> RP-433C1-SYS 90 Day Warranty	\$99.95/ea	

### Complete Cordless Bed Exit Monitoring System

	Quantity	Total
<input type="checkbox"/> RP-433BR1-SYS 90 Day Warranty	\$99.95/ea	

## Pull-String Monitor

### Unbreakable Pull-String Monitor

	Quantity	Total
<input type="checkbox"/> TL-2000, Lifetime Warranty	\$49.95/ea	

## Miscellaneous Products

### 23V 12A Battery

	Quantity	Total
<input type="checkbox"/> 23V 12A Battery For 433-NC & 433-EXT	\$1.95/ea	

### AC Adapter

	Quantity	Total
<input type="checkbox"/> AC-04, 90 Day Warranty 12 Volt For Use With 433-MS	\$8.95/ea	

### Replacement Pager Case

	Quantity	Total
<input type="checkbox"/> PGC-01, Replacement Case For 433-PRB	\$9.95/ea	

### Wireless Adapter For Monitors With Nurse Call Port

	Quantity	Total
<input type="checkbox"/> 433-NCA, 90 Day Warranty	\$26.90/ea	

### 60 Channel Central Monitoring Unit

	Quantity	Total
<input type="checkbox"/> 433-CMU-60 1 Year Warranty 300 Foot Range 60 Device Capacity	\$129.95/ea	

### Dual Pull-String Alarm

	Quantity	Total
<input type="checkbox"/> TL-3100V, 1 Year Warranty Needs 433-NCA To Work With CMU	\$59.95/ea	

### Quiet Fall Alert Monitor

	Quantity	Total
<input type="checkbox"/> 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<sup>†1</sup> sensor  
Now covered by Medicare<sup>†2</sup>

**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 accurate<sup>1</sup> CGM with readings every minute sent directly to your patient's smartphone\* or reader<sup>†</sup>  
Stronger bluetooth range<sup>‡</sup>



## » Discretion

Smaller than two stacked pennies<sup>2</sup>  
No overpatch required<sup>1</sup> for regular sensor use



## » Easy

Easy to apply<sup>2</sup> using a 1-piece applicator  
Easy to use<sup>§2,3</sup> like all FreeStyle Libre systems  
14 day wear<sup>1</sup>

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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](http://www.soundviewmed.com)

