

Oregon 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:	

Protective Underwear (Pull-Ups) Limited to 200/month or 6/day		Briefs w Limited to
Tena® ProSkin for Men and Women	Quantity	Tena® Co
☐ 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 22 □ Medium □ Large 40 □ XL 52"-0 □ 2XL 58"-
□ Small 25"-34" (15/bg) □ Medium 32"-44" (20/bg) □ Large 45"-58" (18/bg) □ XL 55"-66" (14/bg)		Prevail® F Medium Large 4:
Tranquility Moderate Pull-Up	Quantity	□ 2XL 62"·
□ Small 22"- 36" (25/bg) □ Medium 34"- 48" (25/bg) □ Large 44"- 54" (25/bg) □ XL 48"- 66" (25/bg) Tranquility Heavy Pull-Up	Quantiti	Gloves Limited to For Incontine Be Ordered W
rialiquility rieavy rull-op	Quantity	CI

☐ 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) (PA Required)

Briefs with Refastenable Tabs

o 200/month or 6/day

Tena® Complete + Care UI	tra Brief	Quantity
□ Small 22"- 36" (12/bg) □ Medium 32"- 44" (20/bg) □ Large 40"- 56" (20/bg) □ XL 52"- 62" (20/bg) □ 2XL 58"- 69" (32/bg) (PA Re	equired)	
Prevail® Per-Fit® Brief		Quantity
□ Medium 32"- 44" (20/bg) □ Large 45"- 58" (18/bg) □ XL 59"- 64" (15/bg) □ 2XL 62"- 73" (12/bg) (PA Re	equired)	
Gloves		
Limited to 200/month or 3 p	airs/day	
For Incontinence Use Only! Gloves Mag Be Ordered With Incontinence Supplie	· · ·	
Gloves		Quantity
Style	Size	
□ Nitrile (100/bx) □ Synthetic Vinyl (100/bx) □ Vinyl (100/bx)	□ Small □ Medium □ Large □ XI	

Bladder Control Pads & Liners

Limited to 200/month or 6/day

Tena® ProSkin Pad	Quantity
☐ Moderate 11" (72/bg)	
☐ Moderate Long 12" (60/bg)	
☐ Heavy 14" (60/bg)	
☐ Heavy Long 15" (39/bg)	
Prevail® Bladder Control Pads	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 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 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.

www.soundviewmed.com

www.facebook.com/soundviewmedicalsupply



Scott Sobel Account Manager

Cell: 971-801-3820 Email: scotts@soundviewmed.com

Fax: 866-416-0621 LinkedIn: www.linkedin.com/in/scottsobelsoundview