



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) _____
☐ 2XL 58"- 69" (32/bg) _____
☐ 3XL/4XL 69"- 96" (8/bg) _____

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) _____

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® ProSkin Pads

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)
- ☐ 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 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.

www.soundviewmed.com

www.facebook.com/soundviewmedicalsupply



Josh Burt
Sales Manager

Cell: 206-718-6715
Fax: 866-416-0621

Email: joshb@soundviewmed.com
Facebook: www.facebook.com/joshcburt
LinkedIn: www.linkedin.com/in/joshburt