



**Soundview**  
*Medical Supplies for Senior Care*

# Wyoming 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 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 210/month.

## Protective Underwear (Pull-Ups)

### 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)

## Briefs with Refastenable Tabs

### 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)

### 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

### Tranquility Booster Pad

Quantity

☐ Standard 12"×4.25" (25/bg)

☐ Long 15"×4.25" (25/bg)

## Bladder Control Pads & Liners

### Tena® ProSkin Pads

	Quantity
<input type="checkbox"/> Moderate 11" (72/bg)	_____
<input type="checkbox"/> Moderate Long 12" (60/bg)	_____
<input type="checkbox"/> Heavy 14" (60/bg)	_____
<input type="checkbox"/> Heavy Long 15" (39/bg)	_____

### Prevail® Bladder Control Pads

	Quantity
<input type="checkbox"/> Pantiliner 7.5" (26/bg)	_____
<input type="checkbox"/> Moderate 9.25" (20/bg)	_____
<input type="checkbox"/> Moderate Long 11" (16/bg)	_____
<input type="checkbox"/> Maximum 11" (48/bg)	_____
<input type="checkbox"/> Maximum Long 13" (39/bg)	_____
<input type="checkbox"/> Male Guard 11" (14/bg)	_____

## Shaped Pads

### Prevail® Pant Liner

	Quantity
<input type="checkbox"/> Moderate Absorbency 28" (16/bg)	_____

### Tranquility Adult Liner

	Quantity
<input type="checkbox"/> 24"×9" (30/bg)	_____

## Gloves

### Gloves

Style	Size	Quantity
<input type="checkbox"/> Nitrile (100/bx)	<input type="checkbox"/> Small	_____
<input type="checkbox"/> Stretch Vinyl (100/bx)	<input type="checkbox"/> Medium	_____
<input type="checkbox"/> Vinyl (100/bx)	<input type="checkbox"/> Large	_____
	<input type="checkbox"/> XL	_____

## Underpads/Bedpads

Limited to 4/month washable or 210/month disposable

User May Order Either Washable or Disposable  
Each Month & May Alternate Monthly.

### Washable Underpad

	Quantity
<input type="checkbox"/> Plaid 34"×36" (10oz)	_____
<input type="checkbox"/> Blue 34"×36" (10oz)	_____
<input type="checkbox"/> XL Blue 36"×54" (10oz)	_____

### Disposable Underpad

	Quantity
<input type="checkbox"/> Quilted 23"×36"	_____
<input type="checkbox"/> 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
<input type="checkbox"/> Procure Wipes (50/pk)	_____
<input type="checkbox"/> No-Rinse Periwash (8oz)	_____
<input type="checkbox"/> Hand Sanitizer (4oz)	_____
<input type="checkbox"/> A&D Barrier Cream (4oz)	_____
<input type="checkbox"/> Lotion (8oz)	_____
<input type="checkbox"/> Shampoo Bodywash (8oz)	_____
<input type="checkbox"/> Terry Cloth Feeding Bib White (1/ea)	_____
<input type="checkbox"/> Terry Cloth Feeding Bib Blue (1/ea)	_____

Products may change based on availability

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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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