



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 | www.facebook.com/soundviewmedicalsupply



Scott Sobel
Account Manager

Cell: 206-718-6715

Fax: 866-416-0621

Email: scotts@soundviewmed.com

LinkedIn: www.linkedin.com/in/scottsobelsoundview



Soundview
Medical Supplies for Senior Care



Facility/Wholesale Price List

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

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
<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"x4" yards	\$1.25/ea	_____	_____

Surgical Paper Tape

		Quantity	Total
<input type="checkbox"/> 1"x10 Yards (1/ea)	\$0.60/ea	_____	_____

Bandages and Dressings

Curity™ Flexible Bandage

		Quantity	Total
<input type="checkbox"/> 1"x3" (50/bx)	\$1.75/bx	_____	_____

Kerlix™ Gauze Bandage Roll

		Quantity	Total
<input type="checkbox"/> 2"x3 Yards (1/ea)	\$1.00/ea	_____	_____
<input type="checkbox"/> 4"x4 Yards (1/ea)	\$1.50/ea	_____	_____

Gauze Pad

		Quantity	Total
<input type="checkbox"/> 2"x2" (1/ea)	\$0.10/ea	_____	_____
<input type="checkbox"/> 4"x4" (1/ea)	\$0.15/ea	_____	_____

Steri-Strip Skin Closure Strips

		Quantity	Total
<input type="checkbox"/> 1/8"x3" (1/ea)	\$1.35/ea	_____	_____

Tegaderm™ Transparent Dressing

		Quantity	Total
<input type="checkbox"/> 4"x4" (1/ea)	\$1.25/ea	_____	_____
<input type="checkbox"/> 2 ³ / ₄ "x2 ³ / ₄ " (1/ea)	\$0.75/ea	_____	_____

Proximal Foam Dressing

		Quantity	Total
<input type="checkbox"/> 2"x2" (1/ea)	\$1.75/ea	_____	_____
<input type="checkbox"/> 4"x4" (1/ea)	\$2.25/ea	_____	_____

Telfa™ Island Dressing

		Quantity	Total
<input type="checkbox"/> 3"x4" (1/ea)	\$0.30/ea	_____	_____
<input type="checkbox"/> 4"x5" (1/ea)	\$1.10/ea	_____	_____

Protective Underwear (Pull-Ups)

Tena® Dry Comfort Pull-Up		GOOD	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		Gender-Specific	BETTER	Quantity	Total
<input type="checkbox"/> Men (Grey) <input type="checkbox"/> Women (Nude)					
<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		BEST	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		BEST	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		PREMIUM	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			
<input type="checkbox"/> 3XL 75" - 95" (40/cs)	\$55.00/cs			

Tena® Extra Pull-Up		NIGHT	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"/> 28" (96/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		GOOD	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		BETTER	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		BETTER	Quantity	Total
<input type="checkbox"/> 22" - 36" (96/cs)	\$49.99/cs			

Prevail® Breezer® Brief		BEST	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		NIGHT	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 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	_____	_____
<input type="checkbox"/> Super Absorbent Peach 30"×30" (100/cs)	\$44.00/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

Cell: 971-801-3820

Fax: 866-416-0621

Email: scotts@soundviewmed.com

LinkedIn: www.linkedin.com/in/scottsobelsoundview



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 (Grey) <input type="checkbox"/> Women (Nude)					
<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			
<input type="checkbox"/> 2XL 58"- 69" (64/cs)	\$64.00/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"/> 28" (96/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 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	_____	_____
<input type="checkbox"/> Super Absorbent Peach 30"×30" (100/cs)	\$54.00/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

Procure 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.

www.soundviewmed.com

www.facebook.com/soundviewmedicalsupply



Scott Sobel
Account Manager

Cell: 971-801-3820

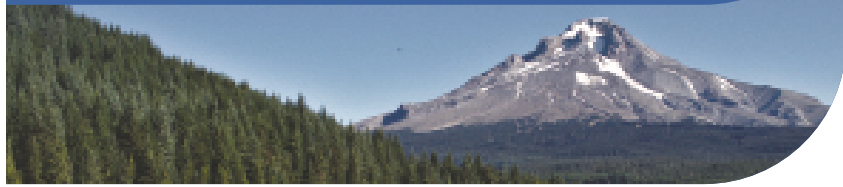
Fax: 866-416-0621

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) (PA Required)

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) (PA Required)

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 Required)

Gloves

Limited to 200/month or 3 pairs/day

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

Gloves

Quantity

Style

Size

☐ Nitrile (100/bx)

☐ Small

☐ Synthetic Vinyl (100/bx)

☐ Medium

☐ Vinyl (100/bx)

☐ Large

☐ XL

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 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



Scott Sobel
Account Manager

Cell: 971-801-3820
Fax: 866-416-0621

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



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) Note: Coude tip requires additional documentation		<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) 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) <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) Note: May choose up to 2 of each				
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) 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.

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



Scott Sobel
Account Manager

Cell: 206-718-6715 Email: scotts@soundviewmed.com
Fax: 866-416-0621 LinkedIn: www.linkedin.com/in/scottsobelsoundview



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.

415 South Brandon Street, Seattle, WA 98104 | www.soundviewmed.com | www.facebook.com/soundviewmedicalsupply



Scott Sobel
Account Manager

Cell: 971-801-3820
Fax: 866-416-0621

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



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.*

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



Scott Sobel
Account Manager

Cell: 971-801-3820

Fax: 866-416-0621

Email: scotts@soundviewmed.com

LinkedIn: www.linkedin.com/in/scottsobelssoundview

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

Scott Sobel
Account Manager

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




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.

© 2023 Abbott. ADC-70708 v2.0

Questions: Contact Us:

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

