Soundview
Medical Supplies for Senior Care

Montana 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: _____

Can Mix Products for Night and Day Usage.

Protective Underwear (Pull-Ups)

Limited to 180/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) _____
☐ 3XL 75" - 95" (10/bg) _____

Briefs with Refastenable Tabs

Limited to 180/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) _____

Gloves

Limited to 400/month or 6 pairs/day

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

Gloves

Quantity

Style

☐ Nitrile (100/bx)
☐ Stretch Vinyl (100/bx)
☐ Vinyl (100/bx)

Size

☐ Small _____
☐ Medium _____
☐ Large _____
☐ XL _____

Bladder Control Pads & Liners

Limited to 180/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)	
☐ Maximum Long 13" (39/bg)	
☐ Male Guard 11" (14/bg)	

Shaped Pads

Limited to 180/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 36/year washable or 240/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.

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