

**Physician Order, Prescription, and Certificate of Medical
Necessity for Incontinence Supplies**

**FAX ORDERS TO
800.340.2955**

Order Date: _____

Patient Name: _____ DOB: _____ Phone: _____

Address: _____

Insurance info: _____ Secondary Ins. _____

Treating Physician: _____ NPI: _____

Physician Address: _____ Phone: _____

NOTE: Medicare/Medicaid HMOs do not cover Incontinence Products

ITEM	SIZE					QUANTITY PER MONTH	
	S	M	L	XL			
GLOVES (please check)						Boxes come in quantities of 100	# of Boxes
WIPES						Boxes come in quantities of 100	# of Boxes
DIAPERS	HEIGHT:		WEIGHT:			McKesson Brand #per bag: S-24 M-18 L-16 XL-15 2XL-12 Other Brands #per bag S-M-L-XL (100pcs)	# of Bags
PULL-UP	HEIGHT:		WEIGHT:			McKesson Brand #per bag: S-22 M-20 L-18 XL-14 2XL-12 Other Brands #per bag S-M-L-XL (100pcs)	# of Bags
UNDERPADS (please check)	22.5 x 35.5	30 x 36	17 x 23.5	30 x 30	23 x 36	Boxes come in quantities of 100	# of Boxes
OTHER							

*Please order a quantity of 200 or less. If it is necessary to order more, please provide office notes with medical reasons.

ORDER DETAILS:

Does this person have Latex Allergies? Y / N Is this Person currently being seen by Home Health Services? Y / N

Please check all diagnosis that pertains to this patient's condition:

- | | |
|--|---|
| <input type="checkbox"/> R32 Urinary Incontinence Unspecified | <input type="checkbox"/> N39.43 Post-Void Dribbling |
| <input type="checkbox"/> N39.41 Urge Incontinence | <input type="checkbox"/> N39.44 Nocturnal Enuresis |
| <input type="checkbox"/> N39.3 Stress Incontinence Male | <input type="checkbox"/> N39.45 Continuous Leakage |
| <input type="checkbox"/> N39.46 Mixed Incontinence (Male) (Female) | <input type="checkbox"/> N39.490 Overflow Incontinence |
| <input type="checkbox"/> N39.42 Incontinence W/O Sensory Awareness | <input type="checkbox"/> N39.498 Other Urinary Incontinence |

Secondary Dx Code. Why/What Causes Incontinence: _____

(Physician Signature M.D. or D.O.)

Date

*If a CRNP or PA signs Rx, to meet Medical Guidelines an M.D. or D.O. wet ink must accompany signature.

