

Medicaid Order Form

Delivery Date _____

Order Date _____

Customer Name _____

Facility Name _____

Phone _____

To size a brief or pull-up, measure the user's waist or hips (whichever is larger)				
Product ID	Item Description / Size	Qty	Sold By	Allowable
**Pull-Ups				
PV-511	Prevail Pull-up - Youth/Small (20-34 inches)		22pkg/88cs	Max 150 pcs
PF-512	Prevail Pull-up - Medium (34-44 inches)		20pkg/80cs	Max 150 pcs
PF-513	Prevail Pull-up - Large (45-58 inches)		18pkg/72cs	Max 150 pcs
PF-514	Prevail Pull-up - X-Large (59-68 inches)		14pkg/56cs	Max 150 pcs
PV-517	Prevail Pull-up - XX-Large (68-80 inches)		12pkg/48cs	Max 150 pcs
APP0720	Attends Pull-up Classic Fit – Medium (34-44 inches)		20pkg/80cs	Max 150 pcs
APP0730	Attends Pull-up Classic Fit – Large (44-58 inches)		18pkg/72cs	Max 150 pcs
APP0740	Attends Pull-up Classic Fit - X-Large (58-68 inches)		14pkg/56cs	Max 150 pcs
72631	Tena Pull-up Plus - Small (25-34 inches)		16pkg/64cs	Max 150 pcs
72632	Tena Pull-up Proskin Plus - Medium (34-44 inches)		18pkg/72cs	Max 150 pcs
72633	Tena Pull-up Proskin Plus - Large (45-58 inches)		18pkg/72cs	Max 150 pcs
72634	Tena Pull-up Proskin Plus - X-Large (55-66 inches)		15pkg/60cs	Max 150 pcs
**Briefs				
PV-011	Prevail Brief – Small (20-31 inches)		16pkg/96cs	Max 200 pcs
PF-012	Prevail Per-Fit Brief - Medium (32-44 inches)		16pkg/96cs	Max 200 pcs
PF-013	Prevail Per-Fit Brief - Large (45-58 inches)		18pkg/72cs	Max 200 pcs
PF-014	Prevail Per-Fit Brief - X-Large (59-64 inches)		15pkg/60cs	Max 200 pcs
PV-017	Prevail Brief - XX-Large (62-73 inches)		12pkg/48cs	Max 200 pcs
PV-094	Prevail Brief - XXX-Large (73-100 inches)		10pkg/40cs	Max 200 pcs
66100	Tena Brief Classic - Small (22-36 inches)		12pkg/96cs	Max 200 pcs
67320	Tena Brief Complete – Medium (32-44 inches)		24pkg/72cs	Max 200 pcs
67330	Tena Brief Complete – Large (40-56 inches)		24pkg/72cs	Max 200 pcs
67340	Tena Brief Complete - X-Large (52 to 62 inches)		24pkg/72cs	Max 200 pcs
**Gloves (100 per box)				
VINYL	Vinyl Gloves (check size <input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg <input type="checkbox"/> XL)		PVT 2/mo	AFH 4/mo
NITRILE	Nitrile Gloves (check size <input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg <input type="checkbox"/> XL)		PVT 2/mo	AFH 4/mo
**Underpads				
UP-150/1	Disposable Underpad (23 x 36 inches)		25pkg/150cs	Max 180/month
TW7136PB	Washable Underpad (34 x 36 inches)		3 per pkg	Max 3/month
7118P	Washable Underpad (17 x 24 inches) Blue Stuart Plaid		3 per pkg	Max 3/month
**Doublers				
6426	Booster Pads (17 inches)		100 case	Max 90 pcs
30054-180	Dignity Doublers (12 inches)		45pkg/180cs	Max 90 pcs
50072	Peach Doublers (15.5 inches)		30pkg/180cs	Max 90 pcs
**Inserts				
BC-012	Prevail Bladder Control Pads – Moderate (9 inches)		20pkg/180cs	Max 200 pcs
BC-013	Prevail Bladder Control Pads – Moderate Long (11 inches)		16pkg/144cs	Max 200 pcs
PV-916	Prevail Bladder Control Pads – Maximum (11 inches)		48pkg/192cs	Max 200 pcs
PV-923	Prevail Bladder Control Pads – Ultimate (16 inches)		33pkg/132cs	Max 200 pcs
PL-113	Prevail Nite PL-113 (28 inches)		16pkg/96cs	Max 200 pcs
9267	Abena Bladder Control Pad Abri-San – Core Level #3A (13 inches)		28pkg/196cs	Max 200 pcs
9271	Abena Bladder Control Pad Abri-San – Premium #4 (15.4 inches)		28pkg/252cs	Max 200 pcs
PV-811	Male Guard (12 inches)		52pkg/208cs	Max 200 pcs

Name _____

Product ID	Item Description / Size	Qty	Sold By	Allowable
	**Personal Care (choose up to two free with order of incontinence products)			
DYX1155	A & D Ointment		4 oz	
BIBWHITE	Bibs Non-Waterproof (white or blue)		1 ea	
DMT00104	GelRite Hand Sanitizer 4 oz		4 oz	
DMT00193	No Rinse Hair and Body Shampoo		8 oz	
258	Odor Eliminator Bye Bye		7.5 oz	
DMT00128	Moisturizer Lotion		8 oz	
DMT00193	No Rinse Peri Wash		8 oz	
CRW-050	Wipes		50 / box	
	**DME (Wheelchair, Hospital Bed, APP Pad & Pump, Walker, Lift, Lift Chair, Commode, etc.)			
	App Pump and Mattress		1 ea	Per Rx
	Hospital Bed		1 ea	Per Rx
	Hoyer Lift		1 ea	Per Rx
	Cane		1 ea	Per Rx
	Walker		1 ea	Per Rx
	Wheelchair		1 ea	Per Rx
	Bedside Commode		1 ea	Per Rx
	Enteral Pump		1 ea	Per Rx
	**Special Request			

Signature: _____ Printed Name: _____ Date: _____