

Respitech Medical, Inc.

Phone: (717)399-7451

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Specialty Medical Products, Inc.

(610)644-1370

(610)644-3992

Marx Medical Equipment

(215)426-9242

(215)426-5854

Patient's Name:		Sex: Male /Female	Birthday: / /
Street Address:		Apt.#	Home Phone#: ()
City:	State:	Zip Code:	
Insurance Policy:		Policy ID:	Today's Date:
Patient Diagnose:	Secondary Diagnose:		Height/Weight:

INCONTINENCE SUPPLIES

- Check Insurance Cheat Sheet for max quantities based on insurance
- Must include diagnosis related to urinary incontinence.
- If "Brand Necessary" due to skin irritation or other condition please indicate in the line below
- Please hand write "Brand Necessary": _____

PEDIATRIC/YOUTH DIAPERS

Please indicate quantities and refills on line provided below

COMFEES DIAPERS	LUVS DIAPERS "Brand Necessary"	PAMPERS BABY DRY DIAPERS "Brand Necessary"	PREVAIL
Size 3 (16-28lbs.) (T4529) Qty _____ Refills _____	Size 3 (16-28 lbs.) (T4529) Qty _____ Refills _____	Size 3 (16-28lbs.) (T4529) Qty _____ Refills _____	Youth Diaper (50-90lbs.) (T4533) Qty _____ Refills _____
Size 4 (22-37 lbs.) (T4530) Qty _____ Refills _____	Size 4 (22-37 lbs.) (T4530) Qty _____ Refills _____	Size 4 (22-37lbs.) (T4530) Qty _____ Refills _____	
Size 5 (Over 27lbs.) (T4530) Qty _____ Refills _____	Size 5 (Over 27lbs.) (T4530) Qty _____ Refills _____	Size 5 (Over 27lbs.) (T4530) Qty _____ Refills _____	
Size 6 (Over 35lbs.) (T4530) Qty _____ Refills _____	Size 6 (Over 35lbs.) (T4530) Qty _____ Refills _____	Size 6 (Over 35lbs.) (T4530) Qty _____ Refills _____	
Size 7 (Over 41lbs.) (T4530) Qty _____ Refills _____			

PEDIATRIC/YOUTH PULL-UPS (Training Pants)

Please indicate quantities and refills on line provided below

COMFEES PULL-UPS	PAMPERS/HUGGIES EASY UPS "Brand Necessary"	GOODNIGHTS PULL-UPS "Brand Necessary"	ATTENDS YOUTH "Brand Necessary"
2T/3T (Up to 34lbs.) (T4531) Qty _____ Refills _____	2T/3T (16-34lbs.) (T4531) Qty _____ Refills _____	S/M (38-65lbs.) (T4534) Qty _____ Refills _____	Small (60-125lbs.) (T4534) Qty _____ Refills _____
3T/4T (32-40lbs.) (T4 532) Qty _____ Refills _____	3T/4T (30-40lbs.) (T4532) Qty _____ Refills _____	L/XL (60-125) (T4534) Qty _____ Refills _____	
4T/5T (Over 38lbs.) (T4532) Qty _____ Refills _____	4T/5T (Over 37lbs.) (T4532) Qty _____ Refills _____		
Youth S/M (45-65lbs.) (T4534) Qty _____ Refills _____			
Youth M/L (65-85lbs.) (T4534) Qty _____ Refills _____			

OTHER INCONTINENCE SUPPLIES

Please indicate quantities and refills on line provided below

Liners (T4535) Qty _____ Refill _____	Bladder Control Pads (T4535) Qty _____ Refill _____	Disposable Underpads (T4541) Qty _____ Refill _____	Reusable Underpads (T4537) Qty _____ Refill _____	Gloves (A4927) Qty _____ Refill _____	Wipes (A4335) Qty _____ Refill _____
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Physician Name:	Phone:
Physician Signature:	NPI:

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Patient's Name:		Sex: Male /Female	Birthday: / /
Street Address:		Apt.#	Home Phone#: ()
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ADULT DIAPERS

ADULT PULL-UPS

ATTENDS CLASSIC Diaper/Brief	ATTENDS Diaper/Brief "Brand Necessary"	ATTENDS CARE Pull-Up	ATTENDS DERMA DRY Pull-Up "Brand Necessary"
Small (80-120lbs) (T4521) Qty _____ Refill _____	Small (80-120lbs) (T4521) Qty _____ Refill _____	Small/Medium (120-175lbs) (T4526) Qty _____ Refill _____	Small/Medium (120-175lbs)(T4526) Qty _____ Refill _____
Medium (120-175lbs) (T4522) Qty _____ Refill _____	Medium (120-175lbs)(T4522) Qty _____ Refill _____	Large (170-210lbs) (T4527) Qty _____ Refill _____	Large (170-210lbs) (T4527) Qty _____ Refill _____
Large (170-210lbs) (T4523) Qty _____ Refill _____	Large (170-210lbs) (T4523) Qty _____ Refill _____	X-Large (210-250lbs) (T4528) Qty _____ Refill _____	X-Large (210-250lbs) (T4528) Qty _____ Refill _____
X-Large (210-250lbs) (T4524) Qty _____ Refill _____	X-Large (210-250lbs) (T4524) Qty _____ Refill _____		XX-Large (250lbs+) (T4543) Qty _____ Refill _____
XX-Large (250-300lbs) (T4543) Qty _____ Refill _____	XX-Large (250-300lbs) (T4543) Qty _____ Refill _____		
XXX-Large (300lbs+) (T4543) Qty _____ Refill _____			

OTHER INCONTINENCE SUPPLIES

Please indicate quantities and refills on line provided below

Liners (T4535) Qty ___ Refill ____	Bladder Control Pads (T4535) Qty _____ Refill _____	Disposable Underpads (T4541) Qty _____ Refill _____	Reusable Underpads (T4537) Qty _____ Refill _____	Gloves (A4927) Qty _____ Refill _____	Wipes (A4335) Qty _____ Refill _____
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Physician Name:	Phone:
Physician Signature:	NPI: