

CONFIRMATION OF ORDER – Incontinence, Adult

PROVIDER: Home Health Solutions
501 East Sloan Street
Harrisburg, IL 62946

phone: 618-252-5349
fax: 618-252-2445

NPI: 1215337266
Tax ID #: 371124259

Patient:

Date of Birth:

Order Date:

Insurance:

Length of Need: 99 (in months)

Physician:

NPI:

DIAGNOSIS

ICD 10 Code **Description**

PRESCRIPTION INFORMATION

Pullup: Max Qty Allowable = 200*

Small (waist size 20" to 28") (T4525)	Qty
Medium (waist size 34" to 44") (T4526)	Qty
Large (waist size 45" to 55") (T4527)	Qty
X-Large (waist size 58" to 68") (T4528)	Qty
2X-Large (waist size 68" to 80") (T4544)	Qty

Incontinence Pads: (T4535) Max Qty Allowable = 120

Female 9.25" Moderate (short)	Qty
Female 13" Heavy (long)	Qty
Male 13" Moderate	Qty
Male Liners 10" x 24"	Qty

Brief: Max Qty Allowable = 200*

Sm/Med (waist size 26" to 48") (T4522)	Qty
Lg/XL (waist size 45" to 62") (T4523)	Qty
2XLG (waist size 58" to 70") (T4524)	Qty
3X/4X (waist size up to 95") (T4543)	Qty

Disposable Underpad: (T4541) Max Qty Allowable = 150

24" x 36" Qty

Non Sterile Gloves: (A4927) Max Qty Allowable = 2 box

Small	Qty
Medium	Qty
Large	Qty
X-Large	Qty

*Quantities of briefs and pullups can be mixed but cannot exceed 200 per month.

Refills:

Physician Signature: _____

Date: _____