

**NORTHEAST MEDICAL PRODUCTS, INC**

520 Boston Post Rd, Old Saybrook, CT 06475

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**INCONTINENCE PRODUCTS, GLOVES ORDER FORM**

Patient Name \_\_\_\_\_ TEL \_\_\_\_\_

Address \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis codes: \_\_\_\_\_ Length of Need: \_\_\_\_\_ Number of Refills: \_\_\_\_\_

**→ ADULT PULL-UPS SELECT SIZE:**Quantity (**EACH**) per month: \_\_\_\_\_

<b>PULL-UPS (UNDERWEAR)</b>			
SM	20-34"	22/PK	
MED	34-44"	20/PK	
LG	44-58"	18/PK	
X-LG	58-68"	14/PK	
XX-LG	68-80"	12/PK	

**→ ADULT BRIEFS W/TAPE TABS SELECT SIZE:**Quantity (**EACH**) per month: \_\_\_\_\_

<b>BRIEFS WITH TAPE TABS</b>			
SM	20-31"	16/PK	
MED	32-44"	16/PK	
LG	45-58"	18/PK	
X-LG	59-64"	15/PK	
XX-LG	UP TO 73"	12/PK	

**→ BABY/YOUTH PRODUCTS SELECT SIZE:**Quantity (**EACH**) per month: \_\_\_\_\_

<b>BABY, YOUTH PRODUCTS</b>			
DIAPER	35+ LBS	23/PK	
DIAPER	41+ LBS	20/PK	
UNDERWEAR	38-65 LBS	17/PK	
UNDERWEAR	65-125 LBS	12/PK	

**→ GLOVES VINYL EXAM NONSTERILE (100/BX)  
SELECT: SM MED LG XLG**Quantity (**BOX**) per month: \_\_\_\_\_**→ DISPOSABLE PANT LINERS SELECT:**Quantity (**EACH**) per month: \_\_\_\_\_

<b>PANT LINERS, UNDERPADS</b>	
PREVAIL CONTROL PADS WITH POLY BACK #PV915 (39/PK)	
DIGNITY BARRIER FREE BOOSTER PADS #26954 (48/PK)	
PREVAIL UNDERPAD FLUFF 23x36" GREEN #UP150 (25/PK)	

**→ DISPOSABLE UNDERPADS**Quantity (**EACH**) per month: \_\_\_\_\_

Physician Name:	NPI#
Address:	
Phone:	Fax:
Physician Signature	Date: