

**NORTHEAST MEDICAL PRODUCTS, INC**

520 Boston Post Rd, Old Saybrook, CT 06475

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INCONTINENCE PRODUCTS, GLOVES ORDER FORM

Patient Name _____ DOB _____

Address _____

Height: _____ Weight: _____

Diagnosis codes: _____ Length of Need: _____ Number of Refills: _____

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

PULL-UPS (UNDERWEAR)			
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: _____

BRIEFS WITH TAPE TABS			
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: _____

BABY, YOUTH PRODUCTS			
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: _____

PANT LINERS, UNDERPADS	
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 UNDERPADSQuantity (**EACH**) per month: _____

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