Northeast Medical Products, Inc

520 Boston Post Rd, Old Saybrook, CT 06475
860-388-1437 FAX: 860-388-0368
www.northeastmedicalproducts.com
An Innova Medical Group Company

INNOVA MEDICAL PRODUCTS

INCONTINENCE PRODUCTS PRESCRIPTION FORM

Patient Name _____ Phone _____

Address _____

Email _____

DOB _____ Height _____ Weight _____

Diagnosis Codes _____ Length of Need _____ Refills _____

Alternate Contact Name _____ Relationship _____ Phone _____

ADULT PULL-UPS

Quantity (**EACH**) per month: _____

SELECT SIZE:

	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

Quantity (**EACH**) per month: _____

SELECT SIZE:

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

BABY/YOUTH PRODUCTS

Quantity (**EACH**) per month: _____

SELECT SIZE:

	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

Quantity (**EACH**) per month: _____

DISPOSABLE UNDERPADS

Quantity (**EACH**) per month: _____

SELECT:

	PANT LINERS, UNDERPADS
☐	PREVAIL CONTROL PADS WITH POLY BACK #PV915 (39/PK)
☐	DIGNITY BARRIER FREE BOOSTER PADS #HUM26954 (48/PK)
☐	PREVAIL UNDERPAD FLUFF 23x36" GREEN #UP150 (25/PK)

Physician Name _____ NPI _____

Address _____

Phone _____ Fax _____

_____ _____

Physician Signature Date