Elm Pharmacy 1651 Coney Island Ave; Brooklyn, NY 11230 718-336-8300 **FAX TO: 718-336-8421**

Incontinence Supplies Prescription Order Form

Patient Name: _____ Order DATE: _____

Patient PRIMARY Insurance: _____ ID#: _____
Patient OTHER Insurance: _____ ID#: _____

Patient Date of Birth: _____ Phone: _____

Street Address: _____City, State, ZIP_____

My patient's present Weight is _____ and Height is _____

My patient has been diagnosed with one or more of the following: (check applicable)
□ Code N39.41: Urge Incontinence □ Code N39.46: Mixed Incontinence
□ Urinary Incontinence □ Urinary Retention □ Incomplete Bladder Emptying
□ Male Stress Incontinence □ Female Stress Incontinence ICD-10 Codes (other): _____

DIAPERS (max 250/month) ☐**BRIEFS** or ☐**PULLUPS** size ☐Youth ☐Sm ☐Med ☐L ☐XL ☐XXL **# per month**_____

LINERS T4535 {diapers and liners total together cannot exceed 250/ month) **# per month**_____

UNDERPADS DISPOSABLE (chux) (max 300/month) SELECT SIZE BELOW **# per month**_____
□ DISPOSABLE (23x36) A4554 – STANDARD CHUX
□ DISPOSABLE (36x70) T4541 – X LARGE Tuckable

UNDERPADS REUSABLE □ UNDERPAD REUSABLE/ (BED) T4537
max 2/month - select size □ UNDERPAD REUSABLE/ (CHAIR) T4540 **# per month**_____

INCONTINENT PANTS T4539 (max 5/month) **# per month**_____

INCONTINENT WIPES (monthly) **# per month**_____

GLOVES A4927 100 per box (max 1 / month) ☐Sm ☐Med ☐L ☐XL **# per month**_____

MISC ITEMS and quantities: _____

_____

NOTES/ COMMENTS: _____ **REFILLS AUTHORIZED:** _____

PRESCRIBER MUST STAMP

Prescription Physician's Verification (Physician Use Only)

_____

Physician Signature DATE (Prescriber Name, Address, Phone, NPI# must be included)

I have reviewed my patient's records and items requested above. I verify that I have physically examined the patient and established that a chronic pathologic condition is causally related to his/her incontinence. I authorize the items described above as medically necessary for the patient. I will maintain a copy of this prescription in the recipient's medical record to meet documentation requirements. (rev 6/2022)