



Send Orders Via

Fax (505) 888-6505 or

Secure Email 5058886505@hmespecialists.com

Incontinence Supply Order

Patient Information

Patient Name _____ Home Ph _____ Other Ph _____

DOB ____/____/____

Delivery Address _____

City _____ Zip _____

Primary Dx: _____ Secondary Dx: _____

Length of Need: _____

Orders

BRIEFS

HCPC	Item	Size (Waist)	QTY per MONTH
T4521	Small Brief	20-33in	
T4522	Medium Brief	32-42in	
T4523	Large Brief	48-58in	
T4524	XL Brief	57-66in	
T4543	XXL Brief	60-69in	
TBD	Other: _____		

OTHER PRODUCTS

HCPC	Item	Size	QTY per MONTH
T4541	Disposable Bed Pads Medicaid allowable: 240/month	Small or Large	
T4927	Gloves	S, M, L, XL, XXL	
Private Pay	Adult Disposable Washcloth	One Size	
Private Pay	Wipes/Flushable Wipes	One Size	

UNDERWEAR/PULL-UPS

HCPC	Item	Size (Waist)	QTY per MONTH
T4525	Small	20-28in	
T4526	Medium	28-40in	
T4527	Large	40-56in	
T4528	X-Large	56-68in	
TBD	Other: _____		

Provider

Treating Provider: (please print) _____ NPI #: _____

Provider Signature: _____ MD, DO, PA, NP Date: _____