

## Incontinence Fax Order Form

**PATIENT INFORMATION**

 Order Date: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Insurance ID: \_\_\_\_\_ Duration of Need: \_\_\_\_\_

**DME Fax Order Form**

Medicare has implemented the requirement for patient Face to Face (F2F) visit prior to dispensing DME. Suppliers are required to obtain chart notes from the visit AND obtain a written order PRIOR to delivery that consists of the item AND:

1) Patient Name 2) Date Prescribed 3) Physician Signature 4) NPI 5) WOPD

### Briefs (Adult diapers)

HCPCS	Item	Size	Quantity per month (each)
T4521	Small	20"-33"	
T4522	Medium	32"-42"	
T4523	Large	44"-56"	
T4524	XL	56"-64"	
T4543	2XL	60"-70"	

### Underwear (Pull-Ups)

HCPCS	Item	Size	Quantity per month (each)
T4525	Small	20"-28"	
T4526	Medium	28"-40"	
T4527	Large	40"-56"	
T4528	XL	56"-68"	
T4544	2XL	68"-80"	

### Underpads (Chux)

HCPCS	Item	Size	Quantity per month (each)
T4541	Large	23"x36"	

### Liners / Bladder Pads

HCPCS	Item	Size	Quantity per month (each)
T4535	Moderate bladder pads	5.5"x10.5"	
T4535	Maximum bladder pads	6.5"x13.5"	
T4535	Male guard	2.75"x9.75"	
T4535	Double-up liner	3.5"x11.5"	

### Other

HCPCS	Item	Size	Quantity per month (each)

**Type of incontinence:**

- Unspecified urinary incontinence R32  
 Mixed incontinence N39.46  
 Incontinence with feces R15.9  
 Other, please specify \_\_\_\_\_

**PRESCRIBING PHYSICIANS INFORMATION**

Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Physician Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_