AmeriHealth Caritas Pennsylvania

J&B Medical Supply ....Setting The Standard

50496 W. Pontiac Trail
Wixom, MI 48393
Phone: 1-866-674-5850
Fax: 1-800-737-0012

# Diaper and Incontinence Supply Prescription

**Date prescribed (MM/DD/YYYY)**

| | |
|---|---|
| Patient name | Date of birth (MM/DD/YYYY) |
| Address | Phone |
| Insurance name | ID number |

**Please check off all supplies required.**

| | Products available for eligible recipients | Quantity requested per day |
|---|---|---|
| | Diapers | |
| | Gloves | |
| | Liners | |
| | Pull-ons | |
| | Undergarments | |
| | Underpads (blue pads) | |
| | Washable incontinence pants | |

**Diagnosis required**

Primary condition causing incontinence:

_____

Type of incontinence. Please check **all** that apply to your patient.

☐ Urinary (78830) ☐ Fecal (7876) ☐ Female stress incontinence (6256) ☐ Male stress incontinence (78832)

☐ Other: _____

Requested number of refills: ☐ One year ☐ Other: _____ months

| | |
|---|---|
| Physician name | |
| Degree | License |
| Address | |
| Phone | Fax |

Physician signature _____