



**PHONE: 1.888.248.1975 FAX: 1.888.248.2026**  
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**CONTINUUM CONNECT INCONTINENCE ORDER FORM**

**\*\*Please attach face sheet w/ patient demographics & insurance info\*\***

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  
 Language Pref.:  English  Spanish  Other: \_\_\_\_\_ Patient cannot accept deliveries on the following days:  
 Mon Tues Wed Thur Fri Sat  
 Emergency Contact Name/Phone Number: \_\_\_\_\_

**DIAGNOSIS**

<b>Primary Diagnosis (Incontinence Related Diagnosis)</b> ICD-10 Code: _____ <b>*Non-Specified Codes will not qualify for Primary Diagnosis</b>	<b>Secondary Diagnosis (Cause of Incontinence Diagnosis)</b> ICD-10 Code: _____
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Patient Weight: \_\_\_\_\_ Patient Waist Size: \_\_\_\_\_

**PRODUCT SELECTION**

Products and Sizes	Quantity Per Day	Total Quantity Dispensed
Baby Briefs: <input type="checkbox"/> Size 1 (8-12lbs) <input type="checkbox"/> Size 2 (12-18lbs) <input type="checkbox"/> Size 3 (16-28lbs) <input type="checkbox"/> Size 4 (22-35lbs) <input type="checkbox"/> Size 5 (27-35lbs) <input type="checkbox"/> Size 6 (35-45lbs) <input type="checkbox"/> Size 7 (41lbs and over)		
Baby Pull Up Training Pants Girls: <input type="checkbox"/> 2-3T (Under 34lbs) <input type="checkbox"/> 3-4T (32-40lbs) <input type="checkbox"/> 4-5T (38lbs and up)		
Baby Pull Up Training Pants Boys: <input type="checkbox"/> 2-3T (Under 34lbs) <input type="checkbox"/> 3-4T (32-40lbs) <input type="checkbox"/> 4-5T (38lbs and up)		
Youth Pull Ups: <input type="checkbox"/> Small/Medium (38-65lbs) <input type="checkbox"/> Large/X-Large (65-125lbs)		
Youth Briefs: <input type="checkbox"/> Small (20-31in. waist)		
Adult Briefs: <input type="checkbox"/> Small (20-31in. waist) <input type="checkbox"/> Medium (32-46in. waist) <input type="checkbox"/> Large (45-58in. waist) <input type="checkbox"/> X-Large (58-64in. waist) <input type="checkbox"/> XX-Large (60-70in. waist) <input type="checkbox"/> XXX-Large (74-100in. waist)		
Adult Pull Ups: <input type="checkbox"/> Small (under 34in. waist) <input type="checkbox"/> Medium (34-45in. waist) <input type="checkbox"/> Large (44-54in. waist) <input type="checkbox"/> X-Large (48-66in. waist) <input type="checkbox"/> XX-Large (60-80in. waist)		
Liners: <input type="checkbox"/> Regular		
Underpads: <input type="checkbox"/> Disposable (22"x36") <input type="checkbox"/> Reusable (34"x36")		
Gloves Non-Sterile (100 per box): <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large		
Other:		

Order Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Length of Need: \_\_\_\_\_ months

**REFERRAL INFORMATION**

Ref #: \_\_\_\_\_

Practice Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Preferred Method of Contact?  Phone  Fax  Email  
 Contact Person: \_\_\_\_\_

Physician Name: \_\_\_\_\_ NPI#: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Ext. \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*I certify that the above products are medically necessary and that the information provided is accurate to the best of my knowledge. By signing below, I acknowledge that I have obtained the patient's authorization to release the above information and other medical information that may be disclosed. I certify that my decision to prescribe this recommended product was solely based on my determination of medical necessity set forth herein. This document may serve as a confirmation of a verbal order and is also recorded in the patient's record.*