***Example Rx for Diapers***

Patient Name: D.O.B. Date:

 Ht: inches Wt: pounds

Orders: This patient has a documented disability, as listed below under Diagnoses, which results in incontinence. Please provide diapers as specified below for a 12-month period.

* Quantity Per Month: 206
* Medline Waist Size: 26"
* Brand/Special Requests: Uses pull-ups (currently using generic brand)

**Vendor:** Please work directly with family to obtain the correct brief based on the info above. It is permissible to provide the store brand if patient cannot use your brand due to special needs.

Diagnoses: Cerebral Palsy (G80.4), Moderate Intellectual Disability (F71), Gastrostomy Tube (Z93.1)

 M.D. M.D.

 Dispense as Written Substitution Permissible

DEA No. Refill times

Phone number: