



# Hill's Drug Store, Inc.

705 W. Kirk Pl. San Antonio, Texas 78226

Pharmacy - Ph: (210) 225.7283 Fax: (210) 226.2637

DME - Ph: (210) 226.4300 Fax: (210) 226.4334

## Physician's Order Form

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

Name: \_\_\_\_\_ Sex:  Male  Female

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

CITY: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Social Security: \_\_\_\_\_

Primary Ins: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Secondary Ins: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Length of Need: \_\_\_\_\_ months ( 99 = lifetime) Prognosis:  Poor  Fair  Good

Physician: \_\_\_\_\_ Lic #: \_\_\_\_\_ NPI #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

CITY: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Incontinence

\*\*\* Covered by Medicaid Only \*\*\*

- Adult Incontinence Supplies
- Pediatric Incontinence Supplies
- Diapers  Sm  Med  Lrg
- Briefs  Sm  Med  Lrg
- Pull-Ups  Sm  Med  Lrg
- Moisture Barrier Cream
- Perry Wash
- Under Pads
- Wipes

I hereby give my consent to [Hill's Drug Store, Inc.](#) Who shall act as my legal representative/agent in communicating this written prescription, either by fax or personally presented by this patient to the provider of their choice.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date