**CLOCK MEDICAL SUPPLY, INC.**
*SOLVING PROBLEMS / DELIVERING SOLUTIONS*

*901 INDUSTRIAL BLVD          PO BOX 620          WINFIELD, KS  67156-0620*
*PHONE:  1-620-221-0550     TOLL FREE:  1-800-362-1314     FAX:   1-620-221-7460*

# FAX

**To:**                                               **From:**

**Fax:**                                              **Pages:**          **(including cover page)**

**Phone:**                                            **Date:**

**RE:**                                               **Patient DOB:**

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# DIAPER / PULLUP ORDER

To Whom It May Concern:

Please review the following order and complete the information where the  ➡  indicates

Also verify that all the information is correct or make corrections acccordingly.

THANK YOU


**Please complete the following:**

**Length of need**

**Date last seen by physician**

**Doctor Notes**

**Physician's Signature and Date**




**And FAX to 620-221-7460**

**Thank you for your time and help**
**HAVE A GREAT DAY!**

# DIAPER / PULLUP ORDER

**Beneficiary Name:** _____

**Address:** _____

**City/ST/Zip:** _____

**DOB:** _____

**Start Date of Order:** _____

**Length of Order:** _____

**Clock #** _____

**Diagnosis:** _____

**Length of Need:** _____

**Items to be dispensed:**  ☐ **Diapers (6/day)**   ☐ **Pullups (6/day)**

*Please select one*

**Date last seen by physician:** _____

**Physician Signature:** _____   Date: _____

Physician's Name: _____   Phone: _____

Address: _____   Fax #: _____