



www.allcaremed.org

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## Checklist for Diaper Requests

### Letter of Medical Necessity

- Diagnosis of incontinence
- Primary diagnosis causing the patient's incontinence
- Signature of physician
- Date

**AND**

### RX

- #quantity/month (248 maximum)
- #refills (11 maximum)
- Size
- Date
- Signature of physician

\* Prescribing Provider's NPI #

\* Must be on RX Pad or Prescribing Provider's Letterhead

**Fax Requests to Allcare Medical Supply  
508-865-6370**

**Call us anytime to check on the status of the  
request!**

**508-865-4857 Opt. 3**