



**Order for Byram**

Email to [tuftsordering@byramhealthcare.com](mailto:tuftsordering@byramhealthcare.com)

Name:

Address:

City, State and Zip Code:

Phone:

DOB:

Gender:

SCO ID #:

**Is this member currently on Hospice?  
If yes, we can only supply briefs(tabbed)/pullups**

**Diagnosis code(s) for ALL supplies being ordered:**

**EX: They are ordering a rollator and incont supplies, please do not just give us code for incont**

PCP:

PCP phone #:

NPI #:

Items and QUANTITY to be ordered:

**If ordering pull ups or bladder control pads... do you want light, moderate, or heavy absorbency?  
If ordering nutritional supplies, what type: ensure, glucerna, or boost and what flavor?  
If ordering diabetic supplies, how many times do they test daily?**

**DO YOU WANT THIS ORDER ON AUTOSHIP? \_\_\_\_\_**

**Please note:**

- For Diabetic orders, we need to know how many times a day member is testing and whether or not they are on insulin.
- Enteral orders (Ensure, Boost etc.): We need to know what flavor and quantity. Order holds for Rx.
- Incontinence orders: need to know size and quantity. Also, need to be specific whether ordering bladder control pads or underpads. **Please do not use the term Incontinence pads.**
- Wound care orders require wound measurements and members are allowed two dressings per wound. (N/A for SCO as VNA or wound clinic would be ordering)
- **If more info is needed, we will send you an email marked with high importance. If no response is received, order will not process.**