

KKMS (Kids Korner Medical Supply)
165 Lewis Rd, Suite 10, San Jose, CA 95111



DiaperFetch
BY KKMS

1-800-971-1034

www.diaperfetch.com

Home Delivery Incontinence Supply

REFERRAL/APPLICATION FORM

Fax Back to: 1-888-726-6777 or click Doggy (button) below to submit!

Client Name:_____, **Last Name:**_____, D.O.B:_____
M____, F____, Weight:_____, Diagnosis:_____, Under 5 years of age? Yes____, No____
Medi-Cal BIC#:_____, Date of Issue:_____, Social Security #:_____
Does client have private insurance? Yes____, No____, If yes, Indicate Insurance:_____
Address:_____, City:_____, Zip:_____

Parent/Guardian Name:_____, Phone:_____
Language Spoken:_____, E-Mail:_____
Emergency Contact Name:_____. Phone:_____

Referral Source:

Social Worker Name{_____, Agency:_____
Phone:_____, E-Mail:_____

Primary Doctor: Name:_____ Physicians Lic# NPI:_____
Address:_____, Ph:_____, Fax_____
Has doctor been seen in the last 12 months? Yes____, No____
Secondary/Specialist Doctor info if available:_____

Please answer the following questions:

- 1) Can order be picked up at our location in San Jose? Yes____, No____
- 2) Assisted living facility? ____-OR- Residential delivery? ____
- 3) If living in an upper level, does the building have stairs____ or Elevator____
- 4) Please provide gate code or building code:_____
- 5) Do you have space to take monthly orders? Yes____, No____
- 6) Is porch delivery OK? Yes____, No____

What Supplies do you need? Check the the following items needed!

Diapers:_____, Pull-Ups/Protective Underwear:_____, Underpads/Disposable Bed Pads:_____,
Liners/Diaper Inserts:_____, Incontinence Wash:_____, Moisturizer Cream:_____, Wipes:_____
Mattress Protector (Twin Size):_____, Gloves:_____, size: SM____, MED____, LRG____, X-L____

How Do You Want Kids Korner Medical Supply To Proceed With The Funding Of These Supplies?

Medi-Cal:_____, Regional Center:_____, Both Medi-Cal and Regional Center:_____, Other:_____



Click Button to Submit