



877-505-4207 Phone
866-698-9579 Toll Free Fax

PRESCRIPTION FORM

PATIENT INFORMATION please attach patient demographics

PATIENT NAME: _____

DOB: _____ Phone # _____

RX Effective Date: _____

Duration of Need (Number of Refills): (must be 3 months or more)

- 3 months 6 months
- 12 months 99 (lifetime)

DIAGNOSIS

A permanent urinary condition is one that is expected to last greater than 90 days.

- Retention of Urine (R33.9/788.20) OTHER DX: _____, _____
- Urinary Incontinence (R32/788.30)

****NOTE: PLEASE INCLUDE WITH THIS PRESCRIPTION CHART NOTES SPECIFYING A DIAGNOSIS AND FREQUENCY OF USE (REQUIRED BY MEDICARE)****

URINARY CATHETERS

_____ Qty Per Day ** _____ Qty Per Month

**Qty per day should match what is in the progress notes

Catheter Size _____ FR

Straight Tip

Hydrophilic

Coude Tip**

**Attach chart notes with one of the following:

BPH, Bleeding (due to irritation), False Passage, Stricture

Closed System Catheter (Kit)**

**Medicare REQUIRES 2 Distinct,

Recurrent UTIs WITH LABWORK within past 12 months

**Send Chart Notes and UTI Labs (if any)

Insertion Supplies:

Yes No

Male 16"

Female 6"

Pedi 10"

Lubricant:

Yes No

FOLEY CATHETERS

_____ Qty Per Month**

**Qty per month should match what is in the progress notes

Foley Catheter Size _____ FR 3cc 5cc 30cc

Straight Tip

Coude Tip**

**Attach chart notes with one of the following:

BPH, Bleeding (due to irritation), False Passage, Stricture

Type:

Latex Silicone (Requires Chart Note Justification, ie. Latex Allergy)

Foley Insertion Supplies:

Yes No

Drainage Bags

Leg Bag: 19oz 32oz _____ Qty Per Month

Bedside Bag: _____ Qty Per Month

EXTERNAL CATHETERS

Catheter Size _____ mm

_____ Qty Per Day _____ Qty Per Month

Drainage Bags

Leg Bag: 19oz 32oz _____ Qty Per Month

Bedside Bag: _____ Qty Per Month

Notes/Other Supplies Needed: (please list)

Nurse Name: _____

Nurse Phone #: _____

Nurse Fax #: _____

PHYSICIAN INFORMATION

Physician Name: _____

Phone: _____

NPI#: _____

Physician Signature (No Stamps) Date