

UROLOGICAL PRESCRIPTION

Date _____

Patient Name _____ DOB _____

Address _____ Phone # _____

DIAGNOSIS:

- Urinary Incontinence (R39.81) Urinary Retention(R33.0) Stress Incontinence (N39.3)
- Chronic Urinary Tract Infection (287.440) (at least two (2) UTI's in the last 12 months)

SECONDARY DIAGNOSIS (if applicable): _____**NUMBER OF MONTHLY REFILLS:** _____**DOCUMENT ANY CONDITIONS LISTED BELOW ON THE PRESCRIPTION:**

- Patient has a latex allergy Inability to catheterize with a straight tip
- Patient has a permanent urinary incontinence or retention
(not expected to be medically or surgically corrected within 3 months) Patient has an enlarged prostate
- Patient has a UTI history Immunosuppressed

PRODUCT **Intermittent Catheter**

- Straight Tip (A4351)
- Coude (A4352); plastic
- Intermittent Sterile Kit (A4353)
- Hydrophilic

Fr. Size _____

Length 6" 8" 12" 16"

Quantity per Day/Month

- 1 per day / 30 per month
- 2 per day / 60 per month
- 3 per day / 90 per month
- 4 per day / 120 per month
- 5 per day / 150 per month
- 6 per day / 180 per month
- 7 per day / 200 per month
- _____

Lubricant Tube (A4402) Packets (A4332) **Cunningham Clamp** (A4356); 1 per 3 months **Pacey Cuff** small medium large **Uresta** sz. 2 sz. 3 sz. 4 sz. 5 sz. 6 **Foley Catheter**

- Coated (A4338); 1 per month
- 100% Silicone (A4344); 1 per month
- Size: 14 Fr 16 Fr 18 Fr 20 Fr 22 Fr
- Balloon: 5cc 30cc

Accessories to be used with Foley Catheters:

- Foley Insertion Tray (A4310); 1 per month
- Irrigation Tray (A4320); 1 per month
- Bedside Drainage Bag (A4357) 2000cc; 2 per month
- Leg Bag (A4358); 20oz 32oz; 2 per month
- Leg Strap (A4334); 1 per month
- Adh. Leg Strap (A4333); 12 per month
- Male External Catheter (A4349);
 Small Medium Int Large X Large;
35 per month
- Extension Tubing (A4331)
- Drainage Bottle (A5102); 1 per 3 months
- Other _____

ORDERING PHYSICIAN:

MD Print Name _____ Phone _____ Fax _____

MD Signature _____ Date _____ NPI _____

Provider: RELIABLE RESPIRATORY**Phone: 866-551-3335****Fax: 781-987-8206****PLEASE COMPLETE AND SEND WITH CHART NOTES, INSURANCE CARD AND DEMOGRAPHICS**