

UROLOGICAL PRESCRIPTION

Date _____

Patient Name _____ DOB _____

Address _____ Phone # _____

DIAGNOSIS:

- Urinary Incontinence (R39.81)
 Urinary Retention(R33.9)
 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): _____

LENGTH OF NEED: 99 Months _____ Months

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)

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 _____