## UROLOGICAL PRESCRIPTION Patient Name \_\_\_\_\_ DOB Phone # \_\_\_\_\_ Address Primary Insurance Provider \_\_\_\_\_\_ Policy Number \_\_\_\_\_ **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): Months **LENGTH OF NEED:** 99 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 Patient has an enlarged prostate (not expected to be medically or surgically corrected within 3 months) | Immunosuppressed Patient has a UTI history **PRODUCT** ☐ Intermittent Catheter ☐ Foley Catheter ☐ Straight Tip (A4351) ☐ Coated (A4338); 1 per month (Standard order) ☐ Coude (A4352); plastic □ 100% Silicone (A4344); 1 per month (addt'l documentation required ☐ Intermittent Sterile Kit (A4353) Size: 14 Fr 16 Fr 18 Fr 20 Fr 22 Fr ☐ Hydrophilic Balloon: 5cc 30cc Fr. Size \_\_\_ Accessories to be used with Foley Catheters: ☐ Foley Insertion Tray (A4310); 1 per month Quantity per Day/Month ☐ Irrigation Tray (A4320); 1 per month ☐ 1 per day / 30 per month ☐ 2 per day / 60 per month ☐ Bedside Drainage Bag (A4357) 2000cc; *2 per month* $\square$ 3 per day / 90 per month ☐ Leg Bag (A4358); ☐ 20oz ☐ 32oz; *2 per month* ☐ 4 per day / 120 per month ☐ 5 per day / 150 per month ☐ Leg Strap (A4334); 1 per month ☐ 6 per day / 180 per month ☐ Adh. Leg Strap (A4333); 12 per month ☐ 7 per day / 200 per month ☐ Male External Catheter (A4349); Small ☐ Medium ☐ Int ☐ Large ☐ X Large; Lubricant Tube (A4402) Packets (A4332) 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\_\_\_\_\_

Facility Name\_\_\_\_\_\_Facility Address\_\_\_\_\_