



FAX ORDERS TO (877) 226-1484
CALL CUSTOMER SERVICE (800) 251-4673

INTERMITTENT CATHETER ORDER FORM

PATIENT INFORMATION

PATIENT NAME _____ INSURANCE ID _____
PATIENT ADDRESS _____
DOB _____ SS# _____ TEL _____

REFERRAL

YOUR NAME _____ OFFICE/FACILITY _____
TEL _____ FAX _____ EMAIL _____

INSURANCE

PRIMARY INS _____ ID# _____
GROUP # _____ TEL _____
SECONDARY INS _____ ID# _____
GROUP # _____ TEL _____

PRESCRIPTION

DIAGNOSIS PERMANENT URINARY RETENTION (788.20)
 PERMANENT URINARY INCONTINENCE (788.30)
 OTHER ADDITIONAL _____

LENGTH OF NEED 99 MONTHS (LIFETIME) OTHER ____ MONTHS

SIZE _____ FR **LENGTH** MALE (16") FEMALE (6") PEDIATRIC (10")

FREQUENCY PRESCRIBED CATHETERIZATIONS PER DAY _____ (X 30 =) QUANTITY PER MONTH _____

REFILLS REFILL MONTHLY AT PRESCRIBED QUANTITIES FOR LENGTH OF NEED? YES NO

ITEMS STRAIGHT TIP URINARY CATHETERS (A4351)
 COUDE TIP INTERMITTENT URINARY CATHETERS (A4352)
 WITH LUBRICANT PACKETS (A4332) OR WITH INSERTION SUPPLIES (A4353)

PHYSICIAN

PHYSICIAN NAME _____ NPI _____
PHYSICIAN SIGNATURE _____ DATE _____

FAX WITH CHART NOTES AND PATIENT DEMOGRAPHICS TO (877) 226-1484
INCLUDE ANY URODYNAMICS OR URINALYSIS RESULTS