



UROLOGICAL PRESCRIPTION FORM



Patient Name: _____ DOB: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Insurance Name: _____ Insurance Id#: _____

DIAGNOSIS ON FILE

PRIMARY DIAGNOSIS (REQUIRED)

ICD-10 Code: _____ Code Description: _____

SECONDARY DIAGNOSIS

ICD-10 Code: _____ Code Description: _____

REFILLS: () 3 MONTHS () 6 MONTHS () 12 MONTHS **START DATE:** ___/___/___

EQUIPMENT/SERVICES *PLEASE SELECT ALL THAT APPLY*** BASED ON MEDICARE ALLOWABLE**

() 1 ea Foley Catheter: Size __ FR __ CC

() 1 ea Foley Catheter Tray

() 2ea Irrigation Tray

() 2 ea Nighttime Drainage Bag

() 2 ea Leg bags Size: () S () M () L __ w/Extension Tube

() 35 ea Male External Catheters: Size: () Small () Medium () Large () XL () __ MM

ADDITIONAL MEDICAL INFORMATION (REQUIRED). PLEASE SELECT AND FILL OUT ALL THAT APPLY

() Patient has a permanent urinary incontinence or permanent urinary retention

() Patient's impairment of urination is not expected to be medically or surgically corrected within 3 months

Medical Justification for Using Coude Catheter (If applies) _____

Latex Allergy? () yes () No

PHYSICIAN ATTESTATION: I certify with my signature that I am the physician named below. The information contained on this Written Order is true and complete to the best of my knowledge. This patient was evaluated by me and treated for the condition as stated above. The patient's medical record accurately contains documentation to support medical need and utilization of the supplies prescribed by me. **This order for supplies is reasonable and necessary for the diagnosis and treatment of the patient's illness.** The patient and or caregiver has been trained on the proper use of the supplies and is capable of following these instructions. A copy of this signed order will be maintained on file as part of the patient's medical record and made available to Medicare or other Insurance for post payment review or audits.

PHYSICIAN NAME (PLEASE PRINT): _____ **NPI #:** _____ **PHONE #:** _____

PHYSICIAN SIGNATURE: _____ **DATE:** _____