Urology Order Form

Step 1: Patient Information

First Name: ______________________ Last Name: ______________________

DOB: ______________________ Gender: ☐ Male ☐ Female

NOTE: Please include patient face sheet POA Name: ______________ Phone Number: ______________

Step 2: Facility Information

Facility Name: ______________________ Facility Contact: ______________________

Address: ______________________ City: __________ State: ________ Zip Code: ________

Phone Number: __________ Fax Number: __________ Cell Number: __________ Email: __________

Step 3: Insurance Information

Medicare Number: ______________________ Medicaid Number: ______________________

Primary: __________ Secondary: __________ Policy/ID Number: __________

Step 4: Doctor Information

Primary Doctor Name: ______________________ Primary Doctor Address: ______________________

Primary Doctor Phone Number: ______________________ Primary Doctor Fax Number: ______________________

Urologist Name: ______________________ Urologist Address: ______________________

Urologist Phone Number: ______________________ Urologist Fax Number: ______________________

Step 5: Recommended Supplies

Straight Intermittent Catheters	Brand/Item	French Size/Length		Frequency of Use	Quantity
Intermittent Urinary Catheter Straight Tip (up to 200/mo)		☐ Male: 16" ☐ Female: 6"	☐ 8 FR ☐ 10 FR ☐ 12 FR ☐ 14 FR ☐ 16 FR ☐ 18 FR	☐ 2/day or 60/mo ☐ 3/day or 90/mo ☐ 4/day or 120/mo ☐ 5/day or 150/mo ☐ 6/day or 180/mo Other: __________	
Intermittent Urinary Catheter: Coude Tip (up to 200/mo) **Note: Coude tip requires additional documentation**		☐ Male: 16"	☐ 8 FR ☐ 10 FR ☐ 12 FR ☐ 14 FR ☐ 16 FR ☐ 18 FR	☐ 2/day or 60/mo ☐ 3/day or 90/mo ☐ 4/day or 120/mo ☐ 5/day or 150/mo ☐ 6/day or 180/mo Other: __________	

Indwelling Catheters	Brand/Item	French Size/Length		Frequency of Use	Quantity
Foley Catheter (1/mo) ☐ Standard latex w/coating ☐ 100% silicone		☐ 14 FR 5cc ☐ 16 FR 5cc ☐ 18 FR 5cc ☐ 20 FR 5cc ☐ 22 FR 5cc ☐ 24 FR 5cc	☐ 14 FR 30cc ☐ 14 FR 30cc ☐ 14 FR 30cc ☐ 14 FR 30cc ☐ 14 FR 30cc ☐ 14 FR 30cc		
Foley Catheter Insertion Tray (up to 1/mo) **Note: Required to be sent with Foley Catheters**					

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Male External Catheters	Brand/Item	French Size/Length	Frequency of Use	Quantity
Male Catheter (up to 35/mo) ☐ Latex		☐ 23mm ☐ 28mm ☐ 31mm ☐ 35mm		
Male Catheter (up to 35/mo) ☐ Latex-free, no aloe		☐ 25mm ☐ 29mm ☐ 32mm ☐ 36mm ☐ 41mm		
Male Catheter (up to 35/mo) ☐ Latex-free, w/ aloe		☐ 23mm ☐ 28mm ☐ 31mm ☐ 35mm ☐ 40mm		
Urinary Drainage Collection Systems	**Brand/Item**	**French Size/Length**	**Frequency of Use**	**Quantity**
☐ Urinary Leg Bag, 19oz (up to 2/mo) ☐ Bedside Drainage Bag, 2000ml (up to 2/mo) **Note: May choose up to 2 of each**				
Miscellaneous Supplies	**Brand/Item**	**French Size/Length**	**Frequency of Use**	**Quantity**
Lubricant ☐ Packets (1/packet per catheter) ☐ Tube				
Anchoring ☐ Foley Anchoring Device (up to 12/mo) ☐ Foley Leg Strap (up to 1/mo) **Note: Only 1 type of anchor can be sent monthly**				

Note: There may be an out-of-pocket expense of up to 20% of services if the customer does not have a secondary coverage in addition to Medicare coverage. DME supplies covered by Medicare are subject to the annual Medicare Part B deductible.

Signature:

Caregiver Certification: I Certify That the Items Ordered are Medically Necessary, & I am Authorized to Place Orders for the Person Listed as "Customer." After Signature, Printed Name & Date.

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