Reliable UROLOGY CARE

www.reliableurologycare.com
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1502 Boston Providence Turnpike • Suite 12 • Norwood, MA 02062

UROLOGICAL PRESCRIPTION

Date _____

Patient Name _____ DOB _____

Address _____ Phone # _____

Primary Insurance Provider _____ Policy Number _____

DIAGNOSIS:

☐ Urinary Incontinence (R39.81) ☐ Urinary Retention(R33.9) ☐ Stress Incontinence (N39.3)

SECONDARY DIAGNOSIS (if applicable): _____

LENGTH OF NEED: ☐ 99 Months ☐ _____ Months

DOCUMENT ANY CONDITIONS LISTED BELOW ON THE PRESCRIPTION:

☐ Patient has a latex allergy
☐ Patient has a permanent urinary incontinence or retention
(not expected to be medically or surgically corrected within 3 months)
☐ Patient has a UTI history
☐ Inability to catheterize with a straight tip
☐ Patient has an enlarged prostate
☐ Immunosuppressed

PRODUCT

Intermittent Catheter

Select One

☐Straight Tip (A4351/A4295)
☐Coude Tip (A4352/A4296)
☐Catheter Kit (A4353/A4297)

Choose One: ☐ Uncoated ***OR*** ☐ Hydrophilic

Fr. Size _____

Length ☐ 6" ☐ 8" ☐ 12" ☐ 16”

Preferred Brand *(optional)*: _____

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

☐ Straight Tip (A4338); *1 per month* **(Standard order)**
☐ Coude Tip (A4340); *1 per month (addt'l documentation req.)*
☐ 100% Silicone (A4344); *1 per month (addt'l documentation req.)*

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*
☐ Drainage Bottle (A5102); *1 per 3 months*
☐ Other _____

Male External Catheter (A4349); 35 per month

☐ Small ☐ Medium ☐ Int ☐ Large ☐ X Large

Accessories to be used with Male External Catheters:

☐ Bedside Drainage Bag (A4357) 2000cc; *2 per month*
☐ Leg Bag (A4358); ☐ 20oz ☐ 32oz; *2 per month*

ORDERING PHYSICIAN:

MD Print Name _____ Phone _____ Fax _____

MD Facility Address _____

MD Signature _____ Date _____ NPI _____

Fax the completed form and patient records to 781.987.8206 or email to priorityservice@reliableurologycare.com