INCONTINENCE DISPENSING ORDER FORM

Phone: (800) 796-3533 | Fax: (931) 796-1718

REFERRING FACILITY

NAME: _____

CITY: _____ STATE: _____

PHONE: _____ FAX: _____

PATIENT INFORMATION

NAME: _____

RX DATE: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

PRI. INS.: _____ POLICY NO.: _____

SEC. INS.: _____ POLICY NO.: _____

CORNERSTONE HEALTH SYSTEMS

ORDER ITEMS

Medicare/Medicare HMO's do not cover Incontinence Products. TennCare Programs (CHOICES) do cover these products.

ITEM	SIZE					QUANTITY PER MONTH	
GLOVES (please check)	S	M	L	XL		Boxes come in quantities of 100	# of boxes:
WIPES						Boxes come in quantities of 100	# of boxes:
DIAPERS	HEIGHT:		WEIGHT:				
PULLUP	HEIGHT:		WEIGHT:				
UNDERPADS (please check)	22.5 x 35.5	30 x 36	17 x 23.5	30 x 30	23x36	Boxes come in quantities of 100	# of boxes:
OTHER							

* If you are unsure of the size, please indicate height and weight and we will be glad to provide samples to your patient.
* Please order a quantity of 200 or less. If it is necessary to order more, please provide office notes wiith medical reasons.

DIAGNOSIS CODES

_____ 788.30 URINARY INCONTINENCE UNSPECIFIED

_____ 788.31 URGE INCONTINENCE

_____ 788.32 STRESS INCONTINENCE MALE

_____ 788.33 MIXED INCONTINENCE (MALE) (FEMALE)

_____ 788.34 INCONTINENCE W/O SENSORY AWARENESS

_____ 788.35 POST-VOID DRIBBLING

_____ 788.36 NOCTURNAL ENURESIS

_____ 788.37 CONTINUOUS LEAKAGE

_____ 788.38 OVERFLOW INCONTINENCE

_____ 788.39 OTHER URINARY INCONTINENCE

_____ SECONDARY DX CODE. WHY/WHAT CAUSES INCONTINENCE? _____

ORDER DETAILS

DOES THIS PATIENT HAVE A LATEX ALLERGY? _____ YES _____ NO

IS THIS PATIENT CURRENTLY BEING SEEN BY HOME HEALTH SERVICES? _____ YES _____ NO

NOTES

CASE MANAGER

_____

ORDERING PHYSICIAN

NAME: _____ NPI NO.: _____

SIGNATURE: _____ DATE: _____