

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.: _____



INTERMITTENT CATHETER DETAILS SECTION

What Type of Catheter Does The Patient Need?

Sterile Intermittent Catheters Sterile "Closed/Touchless" Intmt. Catheter Kits
 Indwelling Catheter; Foley Type Male External Catheters (condom-type)

Does The Patient Need A Straight or Coude' Tip?

Straight Coude'
Requires a diagnosis documenting necessity

What French (FR) Size Does The Patient Need?

6 14 20
 8 16 22
 10 18 24

What Length of Catheter Does The Patient Need?

6" 16"
Typical length for a female catheter Typical length for a male catheter

Does The Patient Want A Specific Brand?

Bard Coloplast Lo Fric Rusch
 Cure Hollister Rochester/Magic
 Other _____

What Is The Patient's Estimated Length Of Need?

Lifetime Other _____

What Frequency Should The Patient Catheterize? Indicate times per

Day Week Month

Special Requirements (The Catheter Should also Be...)

Red Rubber Latex free Hydrophilic Silicone

OTHER ITEMS

Bedside Drainage Bag
 Leg Bag
 Gloves S _____ M _____ L _____ XL _____

DIAGNOSIS CODES

V13.12 PERSONAL HISTORY OF UTI
 599.30 URINARY RETENTION
 344.61 NEUROGENIC BLADDER
 600.01 BPH W/ URINARY OBS/LUTS
 344.1 PARAPLEGIA
 344.00 QUADRIPLÉGIA, UNSPECIFIED
 741.90 SPINA BIFIDA
 340 MULTIPLE SCLEROSIS
 V44.6 UROSTOMY
 OTHER _____

ORDER DETAILS

DOES THIS PATIENT HAVE A LATEX ALLERGY? YES NO
 IS THIS PATIENT CURRENTLY BEING SEEN BY HOME HEALTH SERVICES? YES NO

NOTES

Please do not include specific sizes and brands here

CASE MANAGER

NAME: _____

ORDERING PHYSICIAN

NAME: _____ NPI NO.: _____

SIGNATURE: _____ DATE: _____