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Email: [customer.service@allcaremed.org](mailto:customer.service@allcaremed.org)

## Checklist for Coude Tip Catheter Requests

- Prescription
  - Signed and dated by MD/NP
  - Size and type of catheter needed
  - #quantity per month
  - #Refills (11 maximum)
  - Diagnosis of either permanent urinary incontinence or permanent urinary retention
  - Primary diagnosis
  - Frequency of change
  - Documentation as to why a straight catheter cannot be used

Fax the request over to Allcare Medical Supply  
508-865-6370

Call us anytime to check the status:  
508-865-4857

(choose option 3 for the Prior Approval department)