A BETTER CHOICE
Medical Supply
The best choice for catheters!

CATHETER DETAILED WRITTEN ORDER

Please fax completed form to: 888-466-7282

Include Medical Records & Insurance Information

Name:_____ Date of Birth:_____

Address:_____ City:_____ State:_____ Zip:_____

Phone:_____ Insurance ID:_____

1. Diagnosis

- ☐ R33.9 - Retention of Urine, Unspecified
- ☐ R39.14 - Incomplete Bladder Emptying
- ☐ R32 - Incontinence, Unspecified
- ☐ Other Diagnosis_____

2. Dispensing Information

Start Date:_____

Does patient have Permanent Urinary Incontinence or retention? ☐ Yes ☐ No
(Note: Permanent is defined as a condition that is expected to last greater than 90)

Length of Need: ☐ 99 (lifetime) ☐ 12 months Number of Refills: ☐ 99 (lifetime) ☐ 12 months

Does patient have UTI History? ☐ Yes ☐ No
(at least 2 in 12 Month Period)

3. Detailed Item Description for Intermittent Catheter Supplies

French Size:
- ☐ 8 Fr.
- ☐ 10 Fr.
- ☐ 12 Fr.
- ☐ 14 Fr.
- ☐ 16 Fr.
- ☐ 18 Fr.
- ☐ Other:_____

Length:
- ☐ Male
- ☐ Female
- ☐ Pediatric

Product:
- ☐ Coude Tip - A4352
- ☐ Straight Trip - A4351
- ☐ Closed Systems - A4353

Lubricant:
- ☐ Lubricant Packets - A4332

Frequency of Catheters & Lubricant Packet:
- ☐ 2 per day / 60 month / 180 per 3 month
- ☐ 3 per day / 90 month / 270 per 3 month
- ☐ 4 per day / 120 month / 360 per 3 month
- ☐ 5 per day / 150 month / 450 per 3 month
- ☐ 6 per day / 180 month / 540 per 3 month
- ☐ 7 per day / 210 month / 630 per 3 month
- ☐ Other
  _____ per day / _____ month / _____ per 3 month

Description: ☐ Pre-Lubricated ☐ Hydrophilic ☐ Other:_____

Prescriber's Name:_____ NPI:_____ Phone:_____

Address:_____ City:_____ State:_____ Zip:_____ Fax:_____

Prescriber's Signature: X_____ Date:_____

Referred By:_____

Email/Mobile:_____

Phone: 888-466-4217
Fax: 888-466-7282