Urological Supplies RX
Standard Written Order for Urological Supplies

Date: ____________________

Patient Name: ____ DOB: ________________

Patient Address: ____

Diagnosis Codes (Must be documented in the clinical record)

- ❑ R32 Permanent Urinary Incontinence (> 3 months)
- ❑ R33.9 Permanent Urinary Retention (> 3 months)
- ❑ Z87.440 Personal History of UTI
- ❑ N31.9 Neurogenic Bladder
- ❑ N40.1 BPH w/Urinary OBS/LUTS
- ❑ G82.20 Paraplegia
- ❑ G82.50 Quadriplegia, unspecified
- ❑ Q05.9 Spina Bifida
- ❑ G35 Multiple Sclerosis
- ❑ Z93.6 Urostomy, other artificial openings of urinary tract status
- ❑ Other: ______________________________

Select Catheter Type

Foley Balloon Size (choose one)
- ❑ 5cc
- ❑ 30cc

Sterile Intermittent Catheter (3 options)
- ❑ Straight
- ❑ Coude (documentation in MR to support need)
- ❑ Closed System (documentation in MR to support need)

Condom Cath (choose size)
- ❑ Sm 923mm)
- ❑ Med (28mm)
- ❑ Interm (31mm)
- ❑ Lg (35mm)
- ❑ XL (40mm)

Special Requirements
- ❑ Red Rubber
- ❑ Latex Free (allergy to latex documented in MR)
- ❑ Hydrophilic
- ❑ Silicone

French Size
- ❑ 6
- ❑ 8
- ❑ 10
- ❑ 12
- ❑ 14
- ❑ 16
- ❑ 18
- ❑ 20
- ❑ 22
- ❑ 24

Lubricant Needed
- ❑ Yes (two options)
  - ❑ Tube
  - ❑ Sterile packets
- ❑ No

Frequency Patients should Catherize

__________ times per (i.e. 6 times per day)
- ❑ Day
- ❑ Week
- ❑ Month

Catheter Length
- ❑ 6
- ❑ 16
- ❑ Other

Specific Brand if Necessary (please include item reference number)
- ❑ Bard
- ❑ Coloplast
- ❑ Cure
- ❑ Holister
- ❑ Other

Other Items Needed
- ❑ Leg Bag

Cunnignham Clamps (choose one)
- ❑ Reg
- ❑ Large

Bedside Drainage Bag (chose one)
- ❑ 2000ml
- ❑ 4000ml

Catheter Insertion Kit (choose one)
- ❑ 10cc prefilled syringe
- ❑ 30cc prefilled syringe
- ❑ Other

Provider Name (please print): ________________________________ NPI#: ________________

Provider Signature: ________________________________ Date: ________________

Provider Address: ____

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