



PHYSICIAN ORDER FORM: INTERMITTENT CATHETERS

CALL (800) 251-4673 | FAX (877) 226-1484
EMAIL CUSTOMERSERVICE@HOPEDME.COM

All fields must be completed for insurance billing.

PATIENT INFORMATION

PATIENT NAME _____ INSURANCE ID # _____
DIAGNOSIS(ES) URINARY RETENTION (R33.9) URINARY INCONTINENCE (R32)
ADDITIONAL DX _____

PRESCRIPTION

FREQUENCY _____ PRESCRIBED CATHETERIZATIONS PER DAY _____
LENGTH OF NEED _____ MONTHS (99=LIFETIME)
REFILLS _____ REFILL MONTHLY AT PRESCRIBED QUANTITIES FOR LENGTH OF NEED? YES NO

CATHETER TYPE

QTY / MO	FRENCH SIZE	TYPE
_____	_____ FR	STRAIGHT TIP URINARY CATHETERS (A4351)
_____	_____ FR	COUDE TIP URINARY CATHETERS (A4352)
_____		W/ LUBRICANT PACKET (1 PER EACH CATHETERIZATION)(A4332)
_____	_____ FR	STRAIGHT OR COUDE TIP W/ STERILE INSERTION SUPPLIES (A4353)

INSTRUCTIONS/OTHER ITEMS

PHYSICIAN SIGNATURE

PHYSICIAN NAME _____ NPI _____ ORDER DATE _____

Please attach patient demographics and chart notes with referral information for order processing.