



Phone (888) 244-6321 Fax (800) 975-6321

Urological Prescription Form

REFERRING FACILITY	
NAME	
CITY/STATE	
PHONE	
FAX	

RX DATE:	
Patient's Name:	

CASE MANAGER

Does this patient have permanent urinary incontinence or retention? Yes No
 Does this patient have a history of Urinary Tract Infections? Yes No
 Does this patient have a latex allergy? Yes No
 Is this patient currently being seen by Home Health Services? Yes No

✓	ITEM	SIZE (Fr)	DAILY USAGE	✓	ESTIMATED TIME OF NEED
Sterile Intermittent Catheters (Maximum 200 per Month)					99 = LIFETIME
	Straight Catheters				OTHER:
	Coude Tip Catheters			✓	DIAGNOSIS
	Sterile Lubricant Packages				788.30 - Permanent Urinary Incontinence**
Sterile "Closed Kit" Intermittent Catheters (Additional Coverage Criteria Necessary)					788.20 - Permanent Urinary Retention**
	Sterile Catheter Kit w/ Insertion Supplies				V13.02 - Personal History of UTI**
Other Items					599.6 - Urinary Retention
	Foley Catheter				344.61 - Neurogenic Bladder
	Foley Catheter w/ Tray				344.1 - Paraplegia
	Insertion Tray w/ Bag		1/Month		344.0 - Quadraplegia
	Bedside Bag		2/Month		741.90 - Spina Bifida
	Leg Bag w/ Straps		2/Month		340.0 - Multiple Sclerosis
	Leg Bag		1/Month		V44.6 - Urostomy
	Bedside Drainage Bottle		1/Month		Other:
					** Please fax a copy of any lab results and/or documentation supporting this diagnosis along with this form.

✓	PHYSICIAN'S APPROVAL
NPI #	
SIGNATURE	X

PATIENT'S APPROVAL	
I request that payment of my insurance benefits be made to Prism Medical Products, L.L.C. for any supplies or services they provide me. I am responsible for any balance due that is not covered by my insurance. I understand any product received in my home cannot be returned if opened. I authorize any holder of my medical information to release to Prism Medical Products, L.L.C. any information needed to determine benefits payable for these supplies or services. Further, I authorize Prism Medical Products, L.L.C. to forward my medical records to the medical professionals in my care and/or make copies of said records.	
PATIENT'S SIGNATURE	X