



Urological Supplies, Inc.

# Physician's Order for PureWick™ for Home

## Rx LENGTH

Initial     Renewal     Revised

Patient Name:

Address:

RX Period From: \_\_\_\_\_ To: \_\_\_\_\_

Urological Supplies, Inc.  
9841 Bernwood Place Dr. #130  
Fort Myers, Florida 33966  
Phone: 239.985.9327  
Fax: 239.985.9614  
PTAN:6490090001

DOB:

Estimated Length of Need (# of Months) \_\_\_\_\_

Phone:

(1-99 (99=Lifetime) Must Be > 3 Months) \_\_\_\_\_

Monthly refills required per year \_\_\_\_\_

## PROGNOSIS – Check One

Poor     Fair     Guarded     Good

## DIAGNOSIS

N39.3 Urinary incontinence     N39.49     N39.41 Urge incontinence     N39.46 Mixed incontinence     N39.49 Other specified incontinence

## ITEMS REQUESTED

- (PureWick™) External Urinary Catheters; Disposable, with wicking material, for use with suction pump, per month (A6590)
- Canister, Non-Disposable, Used with suction pump, each (A7001)
- Tubing, Used with suction pump, each (A7002)
- Suction Pump Home Model rental per month (E2001)

## FREQUENCY AND QUANTITY

PureWick™: Frequency: \_\_\_\_\_ per day    Quantity: \_\_\_\_\_ per month  
(Maximum 30 catheters allowed per month)

Canister, Non-Disposable with suction pump: Quantity Per every 6 Months: \_\_\_\_\_  
(One canister allowed 1st month and then every 6 Months)

Tubing used with suction pump: Quantity every 3 months: \_\_\_\_\_  
(One tubing allowed 1st month and then every 3 Months)

**Prescriber's Name**

**Prescriber's Signature**

**NPI**

**Date**

By my signature above, I am stating that the patient is/was being treated by me. All the information contained, or the Physician Work Order Form accurately reflects the patient's condition and the treatment I prescribed. My medical records for this patient substantiate the prescribed use of the products. I will maintain a copy of this signed original Physician Work Order in the patient's medical record file and make it available for Medicare/Insurer audit purposes.

**Remember to include Chart Notes and Patient Demographics    FAX ORDER TO: (727) 472.1351**