

Physician's Order for PureWick for Home

Rx LENGTH

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

Urological Supplies, Inc.	Patient Name:	☐ Initial ☐ Renewal ☐ Revised
Urological Supplies, Inc. 9841 Bernwood Place Dr. #130 Fort Myers, Florida 33966 Phone: 239.985.9327 Fax: 239.985.9614 PTAN: 6490090001	Address: DOB: Phone:	RX Period From:To:
☐ N39.3 Urinary incontinence	<u>-</u>	GNOSIS ☐ N39.46 Mixed incontinence ☐ N39.49 Other specified incontinence
_ ,	ITEMS REQU	
	☐ (PureWick™) External Urinary Cathe for use with suction pump, per month	
	☐ Canister, Non-Disposable, Used with	suction pump, each (A7001)
	☐ Tubing, Used with suction pump, ea	ch (A7002)
	☐ Suction Pump Home Model rental pe	er month (E2001)
	FREQUENCY AND	QUANTITY
	Canister, Non-Disposable with suction	30 catheters allowed per month) pump: Quantity Per every 6 Months: wed 1st month and then every 6 Months) tity 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.