bedard MEDICAL SUPPLIES
359 Minot Ave, Auburn, ME 04210
Phone: 207-784-3700 Fax: 207-784-7992

UROLOGY SUPPLY ORDER FORM

Patient Name:_____ DOB:_____ Phone #:_____

Facility (If applicable):_____ Fax #:_____

Please include the *Patient Demographic Sheet* with this order form

**Patient progress notes to support medical necessity are required in order for insurance to approve claim*

Primary Diagnosis/ICD-10 Code: ☐ Urinary Incontinence (R32) ☐ Retention of Urine (R33.9) ☐ Urinary Obstruction (N13.9) ☐ Personal History of UTI (Z87.440) ☐ Quadriplegia (G82.50) ☐ Paraplegia (G82.20) ☐ Neurogenic Bladder (n31.9) ☐ Urostomy (Z93.6) ☐ Spina Bifida (Q05.9) ☐ Multiple Sclerosis (G35) ☐ Other:_____

Length of Need: ☐ Lifetime ☐ Other:_____ **Refills:**_____

Does Patient Have Latex Allergy? ☐ Yes ☐ No

Patient Currently Being Seen by Home Health? ☐ Yes ☐ No

Has patient received any of the below supplies within the last 30 days? ☐ Yes ☐ No

UROLOGY SUPPLIES NEEDED						
Intermittent Catheters			**Male Externals**	**Drainage Bags**	**Foley Catheter**	
Type:	**Size:**	**Length:**	**Size:**		**Type:**	
Straight ☐ Coude ☐ Closed System ☐ Red Rubber ☐	6 Fr ☐ 8 Fr ☐ 10 Fr ☐ 12 Fr ☐ 14 Fr ☐ 16 Fr ☐ 18 Fr ☐	Pediatric (10” long) ☐ Adult (16” long) ☐ Female (6” long) ☐	Small: 23 mm ☐ Medium: 28 mm ☐ Intermed: 31 mm ☐ Large: 35 mm ☐ XL: 40 mm ☐	500 ml Leg Bag w/ Tubing, Straps ☐ 1,000 ml Leg Bag w/ Tubing, Straps ☐ 2,000 ml Bedside Drainage Bags ☐ Other:_____	5 cc ☐ 30 cc ☐	6 Fr ☐ 18 Fr ☐ 8 Fr ☐ 20 Fr ☐ 10 Fr ☐ 22 Fr ☐ 12 Fr ☐ 24 Fr ☐ 14 Fr ☐ 16 Fr ☐
Qty:			**Qty:**	**Qty:**	**Qty:**	
Brand:			**Brand:**	**Brand:**	**Brand:**	
Frequency:			**Frequency:**	**Frequency:**	**Frequency:**	

Other Items	Size/Type	Brand	Frequency of Use	Qty

Additional Notes:_____

_____

_____

Physician Name:_____ **NPI #:**_____ **Phone #:**_____

Address:_____ **Fax Number:**_____

Signature:_____ **Date:**_____