

AEROFLOW CATHETER ORDER FORM

PATIENT INFO

Patient Name: _____ Phone: _____

DOB: _____ SSN: _____ Sex: Male Female

Height: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Insurance: _____ Phone: _____

Policy #: _____ Group #: _____

Secondary Insurance: _____ Phone: _____

Policy #: _____ Group #: _____

Emergency Contact: _____ Phone: _____

PHYSICIAN INFO

Ordering Physician: _____ NPI #: _____

Practice Name: _____ Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

DIAGNOSIS

PRIMARY (Required) Urinary Incontinence R32 Urinary Retention R33.9 Urinary Obstruction N13.9

SECONDARY Neurogenic Bladder N31.9 Multiple Sclerosis G35 Abnormal Urination R39.19 Paraplegia G82.21

Quadriplegia G82.50 Spina Bifida Q05.9 Erectile Dysfunction N52.9 Other

Order Date: _____ **Start Date:** _____ **LENGTH OF NEED** _____ **MONTHS (99=Lifetime)** _____

SUPPLIES

	Size	Quantity/Month
Straight Intermittent (A4351) Standard Hydrophilic		
Coude Intermittent (A4352) Standard Hydrophilic		
Closed System (A4353) Standard Hydrophilic		
Foley/Indwelling (A4315) Insertion Trays		
Condom/External (A4349)		
Leg Drainage Bags (A4358) 18" Extension Tube		
Bedside Drainage Bags (A4357) 2,000mL 4,000mL		
Syringes Catheter Tip Luer Lock/Tip Toomey Tip		
Lubricant: Single Use Packets		
Underpads/Chux (A4554) Medicaid Only		
Sterile Gloves (A4930) Medicaid Only		
MACE/ACE Procedure: Cone Enema Kit		
MACE/ACE Procedure: Irrigation Bag		
MACE/ACE Procedure: Solutions Sterile Water Saline/0.9% NaCl		mL
Other:		
Catheter Manufacturer: Bard/Rochester Coloplast Hollister MTG Teleflex/Rusch Other _____		

Fax Orders & Chart Notes (Toll Free) 1.800.249.1513

Emergency Orders Please Call 1.888.345.1780

Physician's Signature: _____ Date: _____

(Attach Physician Orders)

NPI #: _____