



UNIVERSALMED SUPPLY UROLOGY STANDARD WRITTEN ORDER (SWO)

► Please Include Required Information: Face Sheet Progress Notes

Patient Name:		Order Date:	
Date of Birth:		HT:	WT:
Primary DXs:	<input type="checkbox"/> Urinary Incontinence (R32) <input type="checkbox"/> Urinary Retention (R33.9) <input type="checkbox"/> Urinary Obstruction (N13.9)		
Secondary DXs: (Select all that apply)	<input type="checkbox"/> Neurogenic Bladder (N31.9) <input type="checkbox"/> Multiple Sclerosis (G35) <input type="checkbox"/> Abnormal Urination (R39.19) <input type="checkbox"/> Paraplegia (G82.21) <input type="checkbox"/> Quadriplegia (G82.50) <input type="checkbox"/> Spinal Bifida (Q05.9) <input type="checkbox"/> Others: (Please specify) _____		

Does patient have UTI history (at least 2 within last 12 months)? Yes No
(*If yes, and the patient's insurance follows Medicare guidelines, fax a copy of lab work and supporting document along with this form.)

Intermittent Catheters

<p><u>Straight Tip Intermittent Catheters</u></p> <input type="checkbox"/> 200 Straight Tip Catheters (A4352) 200/month	<p><u>Coude Tip Intermittent Catheters</u></p> <input type="checkbox"/> 200 Coude Tip Catheters (A4352) 200/month	<p><u>Straight/Coude Tip Catheter Kits</u></p> <input type="checkbox"/> 200 Straight Tip Intermittent Catheters w/ Insertion Supplies (A4353) 200/month OR <input type="checkbox"/> 200 Coude Tip Intermittent Catheters w/ Insertion Supplies (A4353) 200/month (Multiple UTI documentation required)
<p>Accessories:</p> <input type="checkbox"/> 200 Lubricant Packets (A4332) 200/month <input type="checkbox"/> 2 Drainage Leg Bag (A4358) 2/month OR <input type="checkbox"/> 2 Bedside Bag (A4357) 2/month	<p>Accessories:</p> <input type="checkbox"/> 200 Lubricant Packets (A4332) 200/month <input type="checkbox"/> 2 Drainage Leg Bag (A4358) 2/month OR <input type="checkbox"/> 2 Bedside Bag (A4357) 2/month	

Catheter Type: Vinyl (PVC) *MOST COMMON*; Hydrophilic Silicone; Red Rubber; Other _____

French Size: _____ (Eg. 12Fr., 14Fr., 16Fr.) **OR** **Length:** _____ (Eg. 12", 14", 16")

Male External Catheters

Indwelling/Foley Catheters

<input type="checkbox"/> 35 Condom Catheters (A4349) 35/month OR <input type="checkbox"/> 35 Specialty Male External Catheters (A4326) 35/month <input type="checkbox"/> 2 Drainage Leg Bag (A4358) 2/month OR <input type="checkbox"/> 2 Bedside Bag (A4357) 2/month Size (Must Select One): <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large	<input type="checkbox"/> 1 Foley Catheter (Latex) (A4338) 1/month OR <input type="checkbox"/> 1 Foley Catheter (Silicone) (A4344) 1/month OR <input type="checkbox"/> 1 Foley Catheter (Special) (A4340) 1/month <input type="checkbox"/> 1 Insertion Tray (A4310) 1/month <input type="checkbox"/> 2 Drainage Leg Bag (A4358) 2/month OR <input type="checkbox"/> 2 Bedside Bag (A4357) 2/month
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Catheter Frequency of Use: Every _____ Hours **OR** _____ Times Daily **OR** _____ Per Month

Leg/Bed Drainage Bag → Frequency of Use (Select One): 1 Per Month 2 Per Month | **Size (Select One):** 2000ml (Default) 4000ml

NPI:		Length of Need (99 = Lifetime):	
Practitioner Name:		Additional Order Information:	
Practitioner Signature:			
Signature Date:			

Have questions or need assistance? Give us a call!

Phone: (866)864-6332 Fax: (972)572-1112