



## 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

Generic Straight Tip Catheters	Generic Coude Tip Catheters	Hydrophilic Coating Catheter	Catheter Kits w/ Insertion Supplies
<input type="checkbox"/> 200 Straight Tip Catheters (A4351) 200/month  <b>Accessories:</b> <input type="checkbox"/> 200 Lubricant Packets (A4332) 200/month <input type="checkbox"/> 2 Drainage Leg Bag (A4358) 2/month <b>OR</b> <input type="checkbox"/> 2 Bedside Bag (A4357) 2/month  <b>Material (Select One):</b> <input type="checkbox"/> Vinyl (PVC); <b>OR</b> <input type="checkbox"/> Silicone <b>OR</b> <input type="checkbox"/> Red Rubber	<input type="checkbox"/> 200 Coude Tip Catheters (A4352) 200/month  <b>Accessories:</b> <input type="checkbox"/> 200 Lubricant Packets (A4332) 200/month <input type="checkbox"/> 2 Drainage Leg Bag (A4358) 2/month <b>OR</b> <input type="checkbox"/> 2 Bedside Bag (A4357) 2/month  <b>Material (Select One):</b> <input type="checkbox"/> Vinyl (PVC); <b>OR</b> <input type="checkbox"/> Silicone <b>OR</b> <input type="checkbox"/> Red Rubber	<input type="checkbox"/> 200 Hydrophilic Straight Tip Catheters (A4295) 200/month  <b>OR</b> <input type="checkbox"/> 200 Hydrophilic Coude Tip Catheters (A4296) 200/month	<input type="checkbox"/> 200 Generic Intermittent Catheters Kits w/ Insertion Supplies (A4353) 200/month  <b>OR</b> <input type="checkbox"/> 200 Hydrophylic Intermittent Catheters Kits w/ Insertion Supplies (A4297) 200/month  <b>(Multiple UTI documentation required)</b>

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 <b>OR</b> <input type="checkbox"/> 35 Specialty Male External Catheters (A4326) 35/month <input type="checkbox"/> 2 Drainage Leg Bag (A4358) 2/month <b>OR</b> <input type="checkbox"/> 2 Bedside Bag (A4357) 2/month  <b>Size (Must Select One):</b> <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 <b>OR</b> <input type="checkbox"/> 1 Foley Catheter (Silicone) (A4344) 1/month <b>OR</b> <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 <b>OR</b> <input type="checkbox"/> 2 Bedside Bag (A4357) 2/month

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