



## UNIVERSALMED SUPPLY UROLOGY STANDARD WRITTEN ORDER (SWO)

► Please Include Required Information: ☐ Face Sheet ☐ Progress Notes

<b>Patient Name:</b>		<b>Order Date:</b>	
<b>Date of Birth:</b>		<b>HT:</b>	<b>WT:</b>
<b>Primary DXs:</b>	<input type="checkbox"/> Urinary Incontinence (R32) <input type="checkbox"/> Urinary Retention (R33.9) <input type="checkbox"/> Urinary Obstruction (N13.9)		
<b>Secondary DXs:</b> (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

<u>Generic Straight Tip Catheters</u>	<u>Generic Coude Tip Catheters</u>	<u>Hydrophilic Coating Catheter</u>	<u>Catheter Kits w/ Insertion Supplies</u>
<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 Hydrophilic 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
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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

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

Have questions or need assistance? Give us a call!

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