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# Urological Order

## PATIENT INFORMATION

Patient: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Order Date: \_\_\_\_\_

Patient Contact Number: \_\_\_\_\_  
Patient Height: \_\_\_\_\_  
Patient Weight: \_\_\_\_\_

## DIAGNOSIS

DX Code: \_\_\_\_\_  Length of need: 99 or \_\_\_\_\_

### Catheter Details

Catheter Type :  Intermittent  Foley  
Tip Type:  Straight  Coude (Balloon Size: 10cc 30cc)  
Fr. Size  6 8 10 12 14 16 18 20 22 24  
Length:  6" (typical female) 16" (typical male) Other: \_\_\_\_\_  
Specific Brand: \_\_\_\_\_ Lubricant:  Yes  No  
Special Requierments:  Red Rubber  Latex-Free  Silicone  Hydrophillic  
Estimated Duration of need \_\_\_\_\_ times per  Day  Month

### Other Items

Indwelling Catheter (*foley type*)  
Quantity: \_\_\_\_\_  
 Male External Catheter (*condom type*)  
Quantity: \_\_\_\_\_  
 Bedside Dranage Bag  
Quantity: \_\_\_\_\_  
 Urinary Drainage Bag  
Quantity: \_\_\_\_\_  
 Diapers (*not covered by Medicare*)  
Quantity: \_\_\_\_\_  
 Other: \_\_\_\_\_

## PHYSICIAN INFORMATION

Practitioner's Name: \_\_\_\_\_  
NPI: \_\_\_\_\_

\_\_\_\_\_  
Practitioner's Signature

\_\_\_\_\_  
Date

**Note:** Fax to 561-290-1434 and we will take care of the rest. 1) This Form 2) patient demographic sheet 3) Chart Notes from last office visit.

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