NextGen
Medical Supplies, Inc.

**Prescription Authorization**
**Signature Required**

# RX FOR CATHETER SUPPLIES
# PLEASE FAX TO: (888) 613-5719

## Prescription Date: Patient ID:

**A. PATIENT INFORMATION**

**Name:**
**Address:**

**Phone:**
**DOB:**

**B. PHYSICIAN INFORMATION**

**Name:**
**Address:**

**NPI:**
**PHONE#:**
**FAX#:**

Step 1

**C. DIAGNOSIS**

- ☐ Paraplegia: G82.20
- ☐ Quadriplegia: G82.50
- ☐ Spina Bifida: Q05.4-Q07.03
- ☐ Neurogenic Bladder: N31.9
- ☐ Urinary Incontinence: R32
- ☐ Retention of Urine: R33.9
- ☐ Other:_____

Step 2

**D. UTI HISTORY**

- ☐ The patient has had 2 or more UTI's documented within the last 12 months
- ☐ I prescribe the use of a sterile intermittent catheter kit (A4353), _____ (600 / 90 days)

Includes lubricated catheter, introducer tip, attached collection bag, 3 PVP swabs, 2 latex free gloves, & moisture proof underpad

**E. LENGTH OF NEED - LIFETIME** unless otherwise noted _____ Months (99=lifetime)

**F. SUPPLIES** I prescribe the use of intermittent catheters unless otherwise noted (600 / 90 Days)

| | Freq/Days | Size | | Freq/Days | Size |
|---|---|---|---|---|---|
| **Intermittent Catheters** (A4351) | ____ | ____ | **Indwelling Catheters** (A4338), (A4344) | ____ | ____ |
| **Coude Tip Catheter*** (A4352) | ____ | ____ | **External Catheters** (A4349) | ____ | ____ |
| **Tube (A4402) or Packet of Lube** (A4332) | | | **Drainage Bag, night / day** (A4357/A4358) | ____ | ____ |
| **Other:** _____ | ____ | ____ | **Insertion Tray** (A4310) | ____ | ____ |

*If no quantities are indicated, the Medicare allowable will be sent

Urinary Catheters, A4351 (600 / 90 days); Curved Tip Urinary Catheter, A4352 (600 / 90 days); Individual Packet of Lubricant, A4332 (600 / 90 days); Indwelling Catheters, A4338 (3/90 days); External Catheters, A4349 (105/90 days); Drainage Bag, night/day, A4357 / A4358 (6/90 days); Insertion Tray, A4310 (3/90 days).

**G. NON-ROUTINE CATHETER CHANGES**

If patient is using more than 1 indwelling catheter or 35 external catheters per month, please mark reason below:

- ☐ Catheter is accidentally removed (e.g. pulled out by patient)
- ☐ Malfunction of catheter (e.g. Balloon does not stay inflated, hole in catheter)
- ☐ Catheter is obstructed by encrustation, mucous plug, or blood clot.
- ☐ History of recurrent obstruction or urinary tract infection for which it has been established that an acute event is prevented by a schedule change frequency of more than once per month.

Step 3

**H. SIGNATURE & DATE -** By signing below, I confirm the medical supplies and/or medication herein are medically necessary and that this prescription is valid for NextGen Medical Supplies Inc. I have had a face-to-face encounter with this patient within the last 6 months and have documented the condition related to this order in their medical record. I will furnish substantiating medical records upon request.

**Physician Signature:** _____ **Date:** _____/_____/_____

***Printed name and NPI required of signing physician if different from provider printed above***

**Printed Name:** _____ **NPI:** _____

**Start Date:** _____

**Customer Service: (888) 557-7085**

**NextGen Medical Supplies, Inc.**
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**Delray Beach, FL 33445**