



Physician's Order/Prescription

Phone: 800-414-2741

Sales@MyGoMedical.com

Toll Free Fax: 844-870-5080

Patient Name _____ DOB: _____

Address _____

City, State, Zip Code _____

Phone _____ Cell: _____

Social Security # _____

Insurance Type _____ Cash Order

Please include copies of all insurance cards, demographics face sheet and chart notes

Length of Need:

- 3 months 6 months
- Lifetime Other _____

Primary Diagnosis:

- R33.9 Permanent Urinary Retention R32 Permanent Urinary Incontinence N31.9 Neurogenic Bladder Other: _____

Secondary Diagnosis

- G82.2 Paraplegia G82.50 Quadriplegic Other: _____

Intermittent Catheters

Catheter Size _____ FR

- Straight Tip A4351
- Hydrophilic A4351
- Coude Tip A4352

- BPH
- Bleeding
- False Passage
- Stricture
- Chart notes included

Closed System A4353 Size _____ FR

- UTI Lab History Included

_____ QTY Per Day _____ QTY Per Month

Length:

- 16" (male)
- 10" (pediatric)
- 6" (female)

Lubricant Type:

- Packets 2 Tubes/mo
- _____ Qty/month

Foley Catheters

Catheter Size: _____ FR Balloon Size: _____ cc

- Straight Tip
- Coude Tip

- BPH
- Bleeding
- False Passage
- Stricture
- Chart notes included

Foley Type:

- Latex
- 100% Silicone

_____ QTY Per Month

External Catheters

Size _____ mm

_____ QTY Per Day _____ QTY Per Month

Other Supplies

- Briefs/Pullups _____ QTY per month
- Pads/Liners _____ QTY per month
- Underpads _____ QTY per month
- Wipes _____ QTY per month
- Gloves _____ QTY per month
- Other: _____ QTY per month
- Other: _____ QTY per month
- Other: _____ QTY per month

Notes:

Collection Bags

Leg bags _____ QTY/Month

Bedside Drainage Bags _____ QTY /Month

Physician Information

Printed Name: _____

Phone: _____ Fax: _____

License # _____ NPI # _____

Signature: _____

Date: _____ Contact: _____