



# Prescription/Letter of Medical Necessity for **afex**® External Urinary Incontinence Collection System

“**Prescription/Letter of Medical necessity**” your patient wishes to purchase the **Afex® External Urinary Incontinence Collection System** to manage his **bladder leakage**.

He needs this form for **insurance** purposes as the product is covered by private insurance plans unlike all the disposable pads and diapers. Canadian men can have access to a clinically effective device that is covered by their private insurance, many provincial disability reimbursement programs and federal reimbursement programs for veterans and first nations.

### What is the **AFEX® Male Urinary Incontinence Management System**?

- Clinically effective body worn urinal and collection bag system to easily collect all leaks.
- For moderate to heavy urinary incontinence with fast flow capability.
- Made in the USA from high quality materials- latex and adhesive free.
- Can be worn 24 hours, even when exercising and sleeping.
- Double sealed collection bag with zero urine backflow prevents UTI’s and odours.
- Keeps skin dry thus preventing skin irritations associated with adult diapers and pads.
- Reusable, easy to use and long lasting.
- Overnight and mobility assisted system available
- 2 brief styles keep the system discreet and comfortable.



**Afex Core Support Starter Kit**

**Afex Mobility Assist Starter Kit**

**Afex Active Starter Kit**



If you have any questions, please contact **ActivKare** at tel: 1-855-811-3733. For more detailed information on **AFEX** or to see a short product video visit <https://activkare.com/product-category/afex/>



**PRESCRIPTION/LETTER OF MEDICAL NECESSITY**



***Urinary Incontinence External  
Collection System***

**Instructions:**

- 1) This form is for the **AFEX® Male Urinary Incontinence Management System**
- 2) Please have this form completed by your physician.
- 3) Physician, please complete all blanks and maintain the original in patient's file.

**I have prescribed/recommended the AFEX® Male Urinary Incontinence Management System as needed and described herein. It is my expert opinion that it is medically necessary to facilitate management of this patient's urinary function. This recommendation shall also serve as the Certificate of Medical Necessity.**

**Estimated Length of Need (# months):** (99 = Lifetime) \_\_\_\_\_ months

**Products to order: AFEX Male Incontinence Starter Kit** Check box

**Replacement items for future use** Check box

**Physician Information (or nurse continence advisor)**

Physician name: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Physician Tel #: \_\_\_\_\_

Physician Fax #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Physician License #: \_\_\_\_\_ Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Patient Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

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