



live. life. freely.

## Prescription/Letter of Medical Necessity for Hewee Go® External Urinary Incontinence Collection System

“Prescription/Letter of Medical necessity” your patient wishes to purchase the **Hewee Go® 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 ceffective 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 **Hewee Go® Male Urinary Incontinence Management System?**

- Effective body worn external sheath and collection bag system to easily collect urine.
- For moderate to heavy urinary incontinence with fast flow capability.
- Made in the UK from high quality materials- reusable parts and adhesive free.
- Can be worn 24 hours, even when exercising and sleeping.
- Keeps skin dry thus preventing skin irritations associated with adult diapers and pads.
- Reusable, easy to use and long lasting.
- Can be used for overnight and for the mobility assisted.
- Works excellent for men experiencing penis retraction



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



**PRESCRIPTION/LETTER OF MEDICAL NECESSITY**  
**Hewee Go Urinary Incontinence External**  
**Collection System**

**Instructions:**

- 1) This form is for the **Hewee Go® 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 **HEWEE GO® 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:** ***HEWEE GO Male Incontinence active 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: \_\_\_\_\_

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