

All American Medical Supply Corp.

"Suppliers of Catheters and Vacuum Erection Devices"
5493 Merrick Road, Massapequa, NY 11758 Tel: (516) 216-1707

Fax to: (516) 452-5095
for fast processing and
discrete delivery!

Urological Supply Physician's Order Form

Patient Name: _____ DOB: _____ Phone: _____ M F

1st Diagnosis: 788.20 Retention of Urine 788.21 Incomplete Bladder Emptying 788.30 Urinary Incontinence

2nd Diagnosis 596.54 Neurogenic Bladder 340 Multiple Sclerosis 344.0 Quadriplegia 344.1 Paraplegia

600.0 BPH 598.9 Urethral Stricture Unspec. 185 Prostate Cancer 188.9 Bladder Cancer

Intermittent - (Medicare allows up to 200 catheters per month if medically necessary)

Manufacturer: _____ No Preference

French Size: 8 Fr 10 Fr 12Fr 14Fr 16 Fr 18Fr 20Fr 22Fr.

Length: 16" Male 6" Female 7.5" Female 10" Pediatric Male

Type of Catheter

Straight Tip

Coude' Tapered Tip Coude' Olive Tip

Lubricant (3 gram packet) (Medicare allows one packet per catheterization)

Hydrophilic

Frequency/Quantity/Length of Need (Medicare allows 1 sterile catheter for each medically necessary catheterization)

**Catheterize _____ times per day. **Quantity for Month _____ ** Length of need _____ months

Foley Catheter - (Medicare allows 1 per month)

Straight Tip Coude' Tip 5cc 30cc 2 way Qty. _____ ** Length of need _____ months

Foley Insertion Tray Kit (Sterile)

External Condom Catheter - (Medicare allows up to 35 per month)

Qty. _____ Size (mm) _____ ** Length of need _____ months

Drainage Bags - (Medicare allows 2 leg bags and 2 bedside bags per month with Foley or External Catheters)

500-600 ml Leg Drainage Bag with tubing and straps Qty. _____ (Max 2 per month)

1000 ml Leg Drainage Bag with tubing and straps Qty. _____ (Max 2 per month)

2000 ml Bedside Drainage Bag with tubing Qty. _____ (Max 2 per Month)

Additional Supplies/Instructions

Physician Office Stamped Address

Physician Name: _____ NPI: _____

Physician's Signature: _____ Date: ____/____/____