



Central Medical Systems, LLC

P.O. Box 5771 • Winter Park, FL 32793

800-330-2313 • Fax: 407-365-0774 • 1-866-413-5202

UROLOGY/OSTOMY Prescription Form

Patient's Name _____ Date _____

Name of Facility _____ City/State _____ Phone _____

Case Manager: _____

Male _____ Female _____

- In order for CMSI to process your patient's order, we need the following documentation faxed:
- copy of the **PATIENT FACE SHEET** • signed **AUTHORIZATION/AGREEMENT** (attached) •
 - copy of current **ASSESSMENT RECORD** •

Manufacturer preferred: _____ Hollister _____ Bard _____ ConvaTec _____ Coloplast _____ other (name): _____

Urology Supplies	
Intermittent straight catheters	Fr _____ In _____
Intermittent coude catheters	Fr _____ In _____
Intermittent hydrophilic catheters	Fr _____ In _____
**Intermittent closed system w/ insertion supplies	
	Fr _____ In _____ Coude _____
Foley catheters	Scc 30cc _____ Fr _____
Foley catheters insertion trays	10cc 30cc
Irrigation trays	10cc 30cc LR
Male external catheters	S M L XL
Night bedside drainage bags	2000mc
Leg bags	500ml / 1000ml / LR
Leg bag strap	
Lubricating packets	3g
Lubricating tube	120.49g 4 1/4 oz
Gloves	
Other	
RX START DATE: _____ / _____ / _____	
DIAGNOSIS: _____	
LENGTH OF NEED: <input type="checkbox"/> 99 = Lifetime	
<input type="checkbox"/> Other	
ORDER NOTES	

*Type of Ostomy Colostomy Ileostomy Urostomy

Stoma Size: _____

Your Ostomy Order	Product Order #	Qty.
Pouch (box) <input type="checkbox"/> One-Piece <input type="checkbox"/> Two-Piece for use with Flange	Order # Required	
Flange w/Skin Barrier for use with Two-Piece Pouch (box)	Order # Required	
Skin Barrier 2 oz (each) Paste Powder		
Skin Prep Wipes: box of 50 / 100 / Other _____		
Adhesive Remover Wipes: box of 50 / 100 / Other _____		
Skin Barrier Wafer Solid (box) 4" x 4" 6" x 6" 8" x 8"		
Tape (roll) Paper Cloth Waterproof 1" 2" 3"		
Night Urinary Drainage Container		
Urinary Drainage Bag 2000 cc		
Deodorizer		

*Medicare allows a 90-day supply on Ostomy supplies

Is this patient currently being seen by Home health? Yes No Does patient have diabetes? Yes No

Physician's Name _____ NPI _____ Phone _____

Address _____ Fax _____

Signature _____ Date _____

****Medicare Rules
For
Intermittent Closed Catheter Systems
Changes for 2009**

Your Patient is allowed up to 200 straight catheters each month.
(This is up from 4 per month in 2008)

If your Patient had at least 2 (two) UTI's with a minimum
10,000 colony count. He/She is entitled to a **closed**
catheter system.

The closed system allows for a sterile catch.

Questions about benefits,
Inservice, or Patient Prescription forms

Please call:

Our Office at: 800-330-2313