



Phone Number: 423-631-0030

Fax Order To: 423-631-0052

Email Order To: info@medly-health.com

Urology Physicians Order Form: Chart notes must include the need for the supplies ordered. Please Fax Patient Demographics and Chart Notes along with this Order to prevent any shipping delays.

Rep: Anthony Crist

Facility Name:

Patient Name:

Patient DOB:

Patient Phone:

Patient Email:

Insurance Policy:

Insurance ID #:

DIAGNOSIS (Check appropriate diagnosis below)

Form with checkboxes for R33.9- Urinary Retention, R32 - Urinary Incontinence, Other Primary Diagnosis, Duration of Need, UTI History, and Latex Allergy.

CATHETER PRODUCT TYPES (HCPCS)

Form with checkboxes for catheter types (Straight, Coude, Foley, Insertion Tray) and optional brand preference.

FREQUENCY

Form with checkboxes for catheter frequency options (1-7 per day, Other).

OTHER PRODUCT TYPES, SIZES and QUANTITIES

Form with checkboxes for other product types (Male External, Leg Bags, Drainage Bags, Other) and quantities.

PRESCRIBING PHYSICIAN INFORMATION

Name and Credentials: NPI:

Signature: Signature Date:

Phone: Fax: