

Intermittent catheterization

Request for funding

Patient Information:

Last name:

First name:

Policy number:

Name of insurer:

Medical condition:

- | | |
|---|---|
| <input type="checkbox"/> Quadriplegia | <input type="checkbox"/> Benign Prostatic Hyperplasia |
| <input type="checkbox"/> Paraplegia | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Bladder Cancer |
| <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Prostate Cancer | _____ |

Physician Information:

Name:

License number:

Clinic Stamp:

Insurer Request Information:

Dear Insurer,

My patient (named herein) has been assessed as requiring intermittent catheterization for management of urinary retention. Under their current bladder program of _____

(Insert existing bladder program details)

it has been determined that he/she has experienced the following:

- Recurrent UTI (urinary tract infection) symptoms that may include:
 - Autonomic Dysreflexia
 - Fever
 - Soreness in back or sides
 - Cloudy urine with increased odour
 - Onset or increased episodes of incontinence
- Catheter related urethral trauma
- Difficulty with insertion
- Limited dexterity/hand function
- Spasticity
- Limited transferring function
- Other: _____

As a consequence, the product prescribed (see reverse side) is required for my patient.

We therefore request funding for this product.

Additional Information:

Physician Signature:

Date (MM/DD/YYYY):

See reverse side

Prescription Information:

SpeediCath®

MALE

- SpeediCath® Flex
 - 10 FR (#28920)
 - 12 FR (#28922)
 - 14 FR (#28924)
 - 16 FR (#28916)
- SpeediCath®
 - Standard Straight**
 - 8 FR (#27408)
 - 10 FR (#27410)
 - 12 FR (#27412)
 - 14 FR (#27414)
 - 16 FR (#27416)
 - 18 FR (#27418)
 - Standard Coude**
 - 10 FR (#27490)
 - 12 FR (#27492)
 - 14 FR (#27494)
 - 16 FR (#27496)
 - SpeediCath® Compact**
 - 12/18 FR (#28692)
 - SpeediCath® Compact Set**
 - 12/18 FR (#28422)
 - SpeediCath® Standard Pediatric**
 - 6 FR (#27706)
 - 8 FR (#27708)
- Other SpeediCath®: _____

FEMALE

- SpeediCath® Standard
 - 8 FR (#27508)
 - 10 FR (#27510)
 - 12 FR (#27512)
 - 14 FR (#27514)
 - 16 FR (#27516)
- SpeediCath®
 - Compact Eve**
 - 10 FR (#28110)
 - 12 FR (#28112)
 - 14 FR (#28114)
 - SpeediCath® Compact**
 - 8 FR (#28578)
 - 10 FR (#28580)
 - 12 FR (#28582)
 - 14 FR (#28584)
 - SpeediCath® Compact Plus**
 - 10 FR (#28810)
 - 12 FR (#28812)
 - 14 FR (#28814)
 - SpeediCath® Compact Set**
 - 10 FR (#28520)
 - 12 FR (#28522)
 - 14 FR (#28524)
 - SpeediCath® Standard Pediatric**
 - 6 FR (#27706)
 - 8 FR (#27708)
 - 10 FR (#27710)
- Other SpeediCath®: _____

Self-Cath®

MALE

- Self-Cath® Straight
 - 8 FR (#504500)
 - 10 FR (#504510)
 - 12 FR (#504520)
 - 14 FR (#504530)
 - 16 FR (#504540)
 - 18 FR (#504550)
- Self-Cath® Coude
 - 8 FR (#504650)
 - 10 FR (#504660)
 - 12 FR (#504670)
 - 14 FR (#504680)
- Self-Cath® Olive Tip
 - 8 FR (#504710)
 - 10 FR (#504720)
 - 12 FR (#504730)
 - 14 FR (#504740)
 - 16 FR (#504750)
 - 18 FR (#504760)
- Self-Cath® Soft Straight
 - 12 FR (#501810)
 - 14 FR (#501820)
 - 16 FR (#501830)
- Self-Cath® Straight Curved Packaging
 - 12 FR (#502200)
 - 14 FR (#502210)
- Self-Cath® Closed System Straight
 - 14 FR (#502730)
 - 16 FR (#502740)
- Self-Cath® Pediatric
 - 5 FR (#504400)
 - 6 FR (#504410)
 - 8 FR (#504420)
 - 10 FR (#504430)
- Other Self-Cath®: _____

FEMALE

- Self-Cath® Straight
 - 8 FR (#504600)
 - 10 FR (#504610)
 - 12 FR (#504620)
 - 14 FR (#504630)
- Self-Cath® Pediatric
 - 5 FR (#504400)
 - 6 FR (#504410)
 - 8 FR (#504420)
 - 10 FR (#504430)
- Other Self-Cath®: _____

Daily repeats:

- 1 2 3 4 5 6 Other: _____

Monthly quantity:

- 30 60 90 120 150 180 Other: _____

Please attach quotation from dealer.

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