

Transanal irrigation

Request for funding

PATIENT INFORMATION

Last name	First name
Policy number	
Name of insurer	
Medical condition <input type="checkbox"/> Quadriplegia <input type="checkbox"/> Paraplegia <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Other: _____	

PHYSICIAN INFORMATION

Name	License number
Clinic stamp	

INSURER REQUEST INFORMATION

Dear Insurer,

My patient (named herein) was seen in clinic for assessment of bowel dysfunction due to neurogenic bowel issues caused by his/her medical condition.

The assessment of his/her condition determined that the patient has experienced the following:

- Fecal Incontinence
- Chronic Constipation

This patient has tried the following interventions: oral medication, enema, manual stimulation and structured bowel programs.

Despite the use of these conventional therapies, bowel management products and methods, my patient continues to experience excessive issues with constipation or incontinence, which have had adverse effects on his/her quality of life. I believe that this patient will benefit from the use of the prescribed product (see reverse side).

Without this product, neurogenical patients that fail conservative treatment may require surgical intervention to control the problem.

I have prescribed this product for a _____ month period. I will follow up with the client in clinic and his/her response to this change in treatment.

We therefore request funding for this product.

ADDITIONAL INFORMATION

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PHYSICIAN SIGNATURE

DATE (MM/DD/YYYY)

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Rx INFORMATION

ADULTS

- Peristeen® system (#29121)
90 irrigations
- Peristeen rectal catheter + bag (#29122)
15 irrigations
- Peristeen rectal catheter (#29123)
10 irrigations
- Other: _____

Repeats

- Every day Every other day Every 3 days
- Other: _____

CHILDREN

- Peristeen system – Small (#29126)
90 irrigations
- Peristeen rectal catheter + bag – Small (#29127)
15 irrigations
- Other: _____

Monthly quantity – catheter

- 10 20 30 Other: _____

Quantity – system

- 1 2 3 4 Other: _____

Please attach quotation from dealer.

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