Transanal irrigation
Request for funding

PATIENT INFORMATION

Last name	First name

Policy number

Name of insurer

Medical condition
- ☐ Quadriplegia
- ☐ Paraplegia
- ☐ Multiple Sclerosis
- ☐ Spina Bifida
- ☐ 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

PHYSICIAN SIGNATURE

DATE (MM/DD/YYYY)

℞ INFORMATION

ADULTS	CHILDREN

☐ Peristeen® Plus system (#29140)
    90 irrigations
	☐ Peristeen Plus system – Small (#29147)
	    90 irrigations

☐ Peristeen Plus rectal catheter + bag (#29142)
    15 irrigations
	☐ Peristeen Plus rectal catheter + bag – Small (#29149)
	    15 irrigations

☐ Peristeen Plus rectal catheter (#29143) 10 irrigations	☐ Other: _____
☐ Other: _____	

Repeats	Monthly quantity – catheter
☐ Every day ☐ Every other day ☐ Every 3 days	☐ 10 ☐ 20 ☐ 30 ☐ Other: _____
☐ Other: _____	Quantity – system ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other: _____

Please attach quotation from dealer.

Peristeen ® Plus is intended to promote evacuation of the contents in the lower colon.

Peristeen ® Plus is indicated for patients suffering from fecal incontinence, chronic constipation and/or time-consuming bowel management procedures. The product is indicated for both male and female adults and children from 3 years of age. The rectal balloon catheter is available in two sizes: Small, normally used by children; Regular, normally used by adults.

Contraindications: Peristeen Plus must not be used in the following situations as the mechanical obstruction or the weakened tissue in the colon caused by any of the below would increase the risk of bowel perforation, trauma or bleeding: - Known anal or colorectal stenosis - Colorectal cancer - Within 3 months of anal or colorectal surgery - Within 4 weeks of endoscopic polypectomy - Ischaemic colitis - Acute inflammatory bowel disease - Acute diverticulitis - Since the list is not exhaustive, the physician/healthcare professional should always consider individual patient factors as well.

Warning: Anal irrigation procedure should always be carried out with care. Bowel perforation is an extremely rare, but serious and potentially lethal complication to anal irrigation and will require immediate admission to a hospital, often requiring surgery. See the device manual for complete user instructions, contraindications, warnings, precautions, and potential complications/adverse events. For further information, call Coloplast Canada Corp at 1-866-293-6349 or consult the company website at www.coloplast.ca