Memorial Hermann Home Health
Phone: 281-784-7550 Fax:281-784-7545

Patient Information:

Patient Name:_____ Patient DOB:_____Order Date: _____

Address:_____ Phone:_____

Insurance: _____

Physician Info:

Ordering Physician: _____

Practice Name: _____ Phone:_____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

***Primary Diagnosis:** ☐ Urinary Retention ☐ Permanent Urinary Incontinence

*** Secondary Diagnosis:** ☐ Neurogenic Bladder ☐ Quadriplegia ☐ Spina Bifida

☐ Multiple Sclerosis ☐ Paraplegia ☐ _____

Frequency /Day _____ **Length of Need:** _____ **Quantity/ Month** _____

Supplies	Size	Quantity	Manufacture: Bard, Coloplast, Hollister, Other (Specify in comment section)
Straight Intermittent ☐ Standard ☐ Hydrophilic			
Coude Intermittent ☐ Standard ☐ Hydrophilic			
Closed System ☐ Standard ☐ Hydrophilic			
Foley/Indwelling ☐ Insertion Trays			
Touch less Unisex Catheter Kits Straight			
Touch less Unisex Catheter Kits Coude			
Condom/External			
Leg Drainage Bags 18″ Extension Tube	XXXX		
Bedside Drainage Bags ☐ 2,000mL ☐ 4,000mL	XXXX		
Syringes ☐ Catheter Tip ☐ Luer Lock/Tip ☐ Toomey Tip	XXXX		
Lubricant: ☐ Single Use Packets ☐ Tube	XXXX		
Other:			

Comments: _____

_____

_____

_____

_____ _____ _____ _____ _____ ☐ AM ☐ PM _____

Signature **Physician Print Name** **NPI/MHHS ID.** **Date** **Time** **Contact No.**

MEMORIAL HERMANN

Urological Supply Order

15294 (8/21)