ARGENCIS

P.O. Box 271195
Oklahoma City, OK 73137
o. 800-745-2215 | f. 866-399-9338
www.argencis.com

UROLOGICAL SUPPLY ORDER FORM

TO ENSURE PROMPT DELIVERY, PLEASE FAX THIS FORM AND PATIENT FACESHEET TO 866-399-9338. RAPID PROCESSING AND NEXT DAY DELIVERY. GUARANTEED.

REFERRING ENTITY INFORMATION

FACILITY NAME:_____

CONTACT NAME:_____

CITY/STATE:_____

PHONE:_____

FAX:_____

PATIENT INFORMATION

PATIENT NAME:_____

D.O.B. :_____

ADDRESS:_____

CITY/STATE:_____

PHONE:_____

PHYSICIAN'S ORDER: CHANGE CATHETER Q_____ & PRN; CHANGE DRAIN BAG Q_____ & PRN; AND CHANGE ANCHORING DEVICE Q_____ & PRN.

Dx: ☐ URINARY INCONTINENCE ☐ URINARY RETENTION ☐ NEURO BLADDER ☐ BPH ☐ OTHER:_____

DISCHARGING TO:

☐ HOME HEALTH ☐ SKILLED FACILITY ☐ HOME ☐ HOSPICE ☐ LONG-TERM CARE ☐ OTHER:_____

PRODUCT INFORMATION:

TYPE: ☐ INDWELLING ☐ INTERMITTENT ☐ EXTERNAL

CATHETER SIZE:_____ F OR, IF EXTERNAL: ☐ S ☐ M ☐ L BULB SIZE: ☐ 5CC ☐ 10CC ☐ 30CC

LENGTH:_____ MATERIAL: ☐ LATEX ☐ SILICONE* ☐ ANTI-MICROBIAL/SILVER* BRAND:_____

ANCHORING DEVICE: ☐ ADHESIVE, SKIN ATTACH ☐ LEG STRAP

*ADDITIONAL DOCUMENTATION REQUIRED TO PROCESS SPECIALTY CATHETER ORDERS

NOTES:_____

PHYSICIAN NAME:_____ TELEPHONE:_____

FORM COMPLETED BY:_____ TELEPHONE:_____
(Please Print)

FORM COMPLETED BY:_____ DATE:_____
(Please Sign)