UROLOGY ORDER FORM

Call: 800-604-6068
Fax: 800-599-5560

BURMANS MEDICAL SUPPLIES

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

CUSTOMER INFORMATION

Name M or F
Ship to Address:
Apt #
City / State / Zip:
Phone #
SSN DOB
Diagnosis / ICD9 Code
Length of need
Emergency Contact/Relationship
Phone:

INSURANCE INFORMATION

Primary Ins
Primary Ins ID / Grp #

Second Ins
Second Ins ID / Grp #

PHYSICIAN INFORMATION

Dr. Name
NPI #
Address
City / State / Zip
Phone #

Dr. Signature:

Date

Your Urology Order (please circle size and type) QTY

Bard Touchless Sterile Catheter	How many x a day			Fr.
Intermittent Sterile Catheter Kit	How many x a day			Fr.
Male External Catheter Self Adhesive (each)	Sm	Med	Lg	X-Lg
Intermittent Urethral Catheter Kit (each)	Red Rub Plastic			Fr.
Coude Tip	Fr.			
Foley Catheter Silicone Coated (each)	Fr.			10cc or 30cc
Foley Insertion Tray				
Bedside Drainage Bag 2000cc (each)				
Leg Bag (each)				
Foley Leg Band (each)				
Skin Prep Wipes (box)				
Saline				
Irrigation Tray				
Appliance Cleaner				
Other:				

Referred By: