Piedmont Medical Solutions, Inc.
2255 Lewisville Clemmons Rd., Suite F
Clemmons, NC 27012
Office: 336-602-1668 Fax: 866-211-2286

Order Date _____/_____/_____ ❑ Initial ❑ Renewal

Patient Name:_____ DOB: _____Sex: _____

Patient Phone: _____ Length of Need**: _99 months / lifetime_**

Dx: ❑ R33.9 - Urinary Retention ❑ R32 - Urinary Incontinence ❑ Other: _____

The patient's condition is permanent (>3months)? ❑ Yes ❑No

Equipment: Urinary Supplies	Quantity:	Size:
☐ A4351 - Straight Tip Intermittent Catheter	_____/month	____French
☐ A4352 - Coude Tip Intermittent Catheter	_____/month	____French
☐ A4353 - Closed Kit w/ Catheter & Collection Bag	_____/month	____French
☐ A4338 - Foley Catheter	_____/month	____French
☐ C2627 - Supra-Pubic Catheter (up to size 24 French)	_____/month	____French
☐ A4310 - Insertion Tray	_____/month	
☐ A4402 - Lubricant - 4 oz. tube	_____/month	
☐ A4332 - Lubricant, Packet, Each	_____/month	
☐ A4349 - Male External Catheters	_____/month	____mm
☐ A4357 - Bedside Drainage Bag	_____/month	
☐ A4358 - Leg or Abdomen Drainage Bag, vinyl	_____/month	
☐ Other: _____	_____/month	_____French

Frequency of Change: _____ /Day

Medicaid ONLY Items:

☐ A4520 - _____ Pullups, Diapers, Briefs Size: _____	_____/month
☐ A4554 - Under Pads	_____/month
☐ A4927 - Exam Gloves Size: _____	_____/month

☐ Theraworx Foam – 8 oz. Bottle - $19.95 – Use as Directed _____/month

Physician Name:_____

Phone #: (___) _____

Physician NPI #:_____

ATHENA'S RUN FOR GYN CANCERS

We honor those women who have been diagnosed with Ovarian Cancer and the valiant battle they fight every day – past and present - with an ongoing 5% donation of monthly Catheter profit to the Forsyth Medical Center Foundation GYN Cancer Fund.

_____ _____

Physician Signature Date