



INCONTINENCE SUPPLIES PRESCRIPTION FORM

This form must accompany each Treatment Authorization Request (TAR) for incontinence supplies and must contain all supplies needed for the time period, not just the supplies needing a TAR

Recipient Name: _____ Date of Birth: _____

Medi-Cal ID Number: _____ Age: _____

Recipient Residence: Home Board and Care ICF/DD-H ICF/DD-N
 Other _____

Provider Contact: _____

Telephone Number: _____

1. Recipient is incontinent of Bowel Bladder

2. Medical condition/diagnosis causing bowel or bladder incontinence: _____

3. Type of urinary incontinence Overflow Stress Urge
 Mixed Functional

4. Type of bowel incontinence Nervous system pathology
 Functional (for example, chronic constipation)

5. Describe any previous treatments attempted and outcomes. Document reasons why other treatments (drug, behavioral management or surgical intervention) are not appropriate:

6. Prognosis for controlling incontinence: _____

7. Brief summary of incontinence treatment plan: _____

8. Document need and usage for multiple products. Explain need if requesting multiple varieties of supplies:

Incontinence Supplies Prescription Form (Page 2)

Mark a “T” in the “Needs TAR?” box if the supply needs a TAR.

NEEDS TAR?	PRODUCT TYPE AND BILLING CODE	DAILY USAGE	UNIT COST	MONTHLY USAGE	MONTHLY COST	TOTAL UNITS	TOTAL COST

Prescription valid for _____ months

Prescription Physician’s Verification (Physician Use Only)

I have reviewed my patient’s records and items requested above. I verify that I have physically examined the patient within the last 12 months, and have established that his patient has a chronic pathologic condition that is causally related to his/hear incontinence. I authorize the items described above as medically necessary for the patient. I will maintain a copy of this prescription in the recipient’s medical record to meet Medi-Cal documentation requirements.

Physician’s Name and Address (please print or type).

Physician’s Telephone No.: _____ Physician’s Medi-Cal No.: _____

Physician’s Signature: _____ Date: _____