

CathetersPLUS^{TMMC}

(877) 563-7422 (844) 604-2322
info@cathetersplus.com • www.cathetersplus.com

Patient Referral Form



How to refer your patients:

- Upon completing the form, please fax it to the CathetersPLUS[™] line 844-604-2322 or scan it and email it to info@redleafmedical.com
- To have your patients complete the form themselves, please have them scan the QR code or visit www.cathetersplus.com/cathetersplus-order-supplies/

Patient

First Name:

Last Name:

Phone Number:

Email:

Name of Doctor/Nurse:

Product Information Please select all that apply

Intermittent Catheters: Straight Coude

Alternative Catheters: Foley Catheter Male External/Condom Catheter

Catheter Size: 8FR 10FR 12FR 14FR 16FR Other: FR

Other:

Clinician Notes

* Patient provides verbal consent to be contacted by CathetersPLUS[™]

Doctor/Nurse Signature:

Date:



Red Leaf
Medical