

Date: \_\_\_\_\_



2908 SE Loop 820  
Fort Worth, TX 76140  
Phone: (817) 590-8166  
Fax: (817) 590-8277  
www.CandRMedical.net

**Customer Information**

Name: \_\_\_\_\_ SS #: \_\_\_\_\_ DOB: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Allergy to Latex? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of UTI'S? \_\_\_\_\_

**Referral Information**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

Email address: \_\_\_\_\_ Company \_\_\_\_\_

How did you hear about C&R Medical? \_\_\_\_\_

**Insurance Information**

Primary Insurance: \_\_\_\_\_ Effective date \_\_\_\_\_

Insured: \_\_\_\_\_ Date of Injury (DOI) \_\_\_\_\_

ID #: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Effective date \_\_\_\_\_

Insured: \_\_\_\_\_

ID #: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_

**ICD-10 Diagnosis**

**R32** Urinary Incontinence \_\_\_ **R33.9** Urinary Retention \_\_\_ **G82.20** Paraplegia (lower) \_\_\_ **G82.50** Quadriplegia \_\_\_

**Z93.3** Colostomy Status \_\_\_ **Z93.1** Gastrostomy Status \_\_\_ **N39.45** Continuous Leakage \_\_\_

**N31.9** Neurogenic Bladder \_\_\_

**Other:** \_\_\_\_\_

**Physicians Information:**

Physician's Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Address: \_\_\_\_\_