**Physician Visit Checklist**

<table>
<thead>
<tr>
<th>Doctor Name:</th>
<th>Office Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Appointment Date/Time:</td>
<td>Ostomy Prescription last filled:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason for Visit:</td>
<td></td>
</tr>
</tbody>
</table>

Bring to visit:

- Current Ostomy Supply List
- Changes in Medical Conditions:
  -
  -
  -
- New Ostomy Supply Needs:
  -
  -
  -

Questions/Concerns for this visit:

-___________________________________________________________
-___________________________________________________________
-___________________________________________________________
-___________________________________________________________
-___________________________________________________________
-___________________________________________________________
-___________________________________________________________

List ostomy/stoma complications for letter of medical necessity (If applicable due to going over maximum allowable limit):

-___________________________________________________________
-___________________________________________________________
-___________________________________________________________
-___________________________________________________________
-___________________________________________________________
-___________________________________________________________

Before leaving visit:

- Confirm the above is documented in medical record
- (If applicable) Get referral to a certified ostomy nurse

Confirm Prescription Order includes the following:

- Type of ostomy
- Diagnosis/ICD code (reason for ostomy)
- Estimated length of need
- Current insurance information
- Pouching System
  - ___ 30-day supply
  - ___ 90-day supply
- All item numbers for pouching system and accessories with brand
- Quantity for all items
- Physician Signature/Date (stamps are not acceptable)
- Letter of medical necessity