

C3 Male Continenence Device

## Patient Order Form

Patient, please complete form and mail with payment to:  
SRS Medical  
8672 154th Ave. NE, Bldg. P  
Redmond, WA 98052

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_ 6-Packs @ \$60.00 = \_\_\_\_\_

+Sales Tax (WA, MA only) = \_\_\_\_\_

+ Shipping & Handling = \$9.00  
(Continental US only)

Total Amount of Order = \_\_\_\_\_  
(Payment Required with Order)

**The C3 Male Continenence Device is sent to you in discreet packaging.**

**Questions? Call 800-345-5642**

Method of Payment (Please do not send cash):

- Check payable to SRS Medical. Allow 14 days to process.
- Money Order/Cashier's Check
- Visa  Master Card  American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Prescribing Physician Information form on reverse side must accompany this form.

Special Note: Medicare and most private insurance providers may cover a portion of product cost.

# C3

Male Continenence Device



# CE

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## SRS MEDICAL

Innovative Solutions for Incontinence®

8672 154th Ave. NE, Bldg. P  
Redmond, WA 98052  
800.345.5642  
Fax 800.886.2774  
www.srsmedical.com

# C3®

## Male Continenence Device



A Solution That Offers Comfort, Control and Confidence



Manage Male Incontinence with

# C3

Comfort, Control and Confidence

## SRS MEDICAL

# C<sup>3</sup>

## With its unique anatomical design, C<sup>3</sup> advances external continence control over that provided by other devices

C<sup>3</sup> provides men with an easy-to-use, comfortable way to gain control and confidence over incontinence



### Comfort with C<sup>3</sup>

The contoured, cradle-like design and elastic strap of the C<sup>3</sup> minimizes excessive pressure by distributing the radial force evenly around the penis. Carefully chosen materials also enhance your comfort...soft foam wrapped in supple plastic.

Available in two sizes, the C<sup>3</sup> offers a customized fit for even greater comfort.

### Control with C<sup>3</sup>

When the C<sup>3</sup> is placed on the penis, a urethral occlusion pad presses on the urethra. While this localized pressure prevents the involuntary loss of urine, the flow of blood is unimpeded to assure your safety.

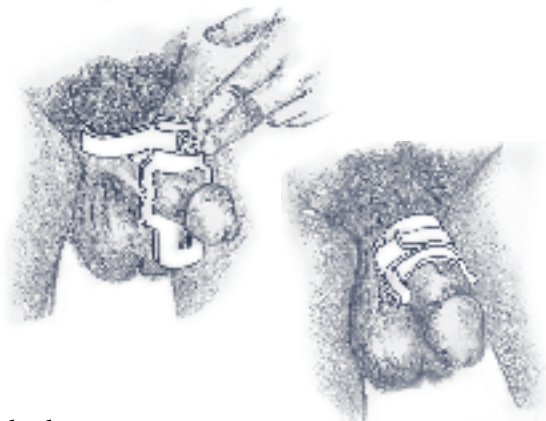
### Confidence with C<sup>3</sup>

So compact, the C<sup>3</sup> is easy to conceal. The elastic strap holds the device in position, allowing you to go about your daily routine without concern about the C<sup>3</sup> shifting.

Proper hygiene never has to be a concern either. The disposable C<sup>3</sup> is reasonably priced, so you can replace the device at regular intervals. The C<sup>3</sup> is a more economical choice than absorbent products.

### Easy To Use

The penis is placed through the opening in the C<sup>3</sup>.



The lower arm is positioned so that the urethral occlusion pad is against the urethra, and the device is secured (see right) by wrapping the elastic strap comfortably and snugly around the penis.

The C<sup>3</sup> Male Continence Device must be prescribed by a physician. The attached form must be completed and signed by your physician.

The C<sup>3</sup> device comes in two sizes, and you may easily determine which is your size by using a simple tape measure.

*For best results, conduct sizing when your body is at room temperature.*

*For example, don't conduct the sizing immediately after a shower.*

### Sizing Instructions:

1. Please use a flexible tape measure.
2. Measure only a non-erect penis.
3. Wrap the measuring device around the penis, one to two inches from the body.
4. With the measuring device snug around the penis, read the number in inches. Do not pull tightly.
5. Note the measurement number when ordering:

Regular: 2 1/2 - 4 inches (6 - 10 cm)

Large: 4 - 5 1/2 inches (10 - 14 cm)



C<sup>3</sup> Male Continence Device

### Prescribing Physician Information

*Must be completed by physician.*

SRS Medical	800-345-5642 • 425-882-1101
8672 154th Ave. NE, Bldg. P	Fax: 800-886-2774
Redmond, WA 98052	Fax: 425-882-1935

Patient Name \_\_\_\_\_

Physician Name \_\_\_\_\_

Physician Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Specialty \_\_\_\_\_ UPIN# \_\_\_\_\_

Principle Diagnosis \_\_\_\_\_

ICD-9 Code Number \_\_\_\_\_

Size:  Regular  Large #Refills \_\_\_\_\_  
2 1/2 - 4 inches 4 - 5 1/2 inches

Permanent urinary incontinence  
(necessary for Medicare filing)

### Contributing Diagnoses

Description	ICD-9 Code No.
Primary Cause _____	_____
Secondary Cause _____	_____

Medicare HCPCS Billing Code: A4356  
Description: External Urethral Clamp or Compression Device

**Questions? Call 800.345.5642**

*I prescribe the C<sup>3</sup> Male Continence Device as a non-surgical incontinence management for this patient.*

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient Order Form on reverse side.