Instructions for patients being scheduled for PNE or Interstim

Your provider has recommended an Interstim Implant. In order to have this procedure authorized through your insurance carrier or Medicare, our office must **submit a completed voiding diary and patient survey completed by the patient**. Completion and return of these items is the patient’s responsibility and is necessary for moving forward with the scheduling and prior authorization process. These can be returned to our front desk or mailed to our office in the enclosed pre-paid envelope. **Please note that if these items are not returned, the procedure scheduling may be delayed and/or payment/coverage may be denied.**

\*Voiding diaries completed prior for urodynamic studies are not valid for this procedure.

Prior to PNE or Interstim Stage I: Please complete the patient survey and complete a voiding diary for 2 days (two full 24 hour periods). **All columns need completed. Ensure your name and birthdate is written on each page (front and back) as well**. **Please return all documents within two weeks to prevent scheduling delays.**

**Please note: You will need to lay on your stomach for a minimum of 10 minutes to have the device placed. If this is difficult for you, please discuss with your provider.**

After PNE or Interstim Stage I and prior to Full-Staged or Interstim Stage II: You will be asked when returning for your post op appointment to bring another completed voiding diary showing your progress during the trial period. For urinary retention patients; if during your trial period the sides are switched from left to right please indicate this on your voiding diary. **All columns need completed as well as the questions at the bottom of the page. Ensure your name and birthdate is written on each page as well**. **Bring this diary with you to your post-op appointment or mail it to our office**. This documentation is also required for insurance purposes.

Thank you for your assistance in completion and prompt return of these necessary documents.

Interstim packet given Pt. Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Staff Initials \_\_\_\_\_\_

**\*\*NURSING-please scan this document under implantable devices\*\***