

Field Rep: Anthony Crist

(Section 1) Patient Info

(Section 2) Facility Info

Patient Name: _____ Order Date: _____
Date of Birth: _____ Phone Number: _____

Facility: _____
Phone: _____ Fax: _____

(Section 3) Wound Assessment

	Wound #1	Wound #2	Wound #3
1) ICD-CM 10 Code			
2) Wound Type			
3) Wound Exudate	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Mod <input type="checkbox"/> Heavy	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Mod <input type="checkbox"/> Heavy	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Mod <input type="checkbox"/> Heavy
4) Wound Location	_____ <input type="checkbox"/> LT <input type="checkbox"/> RT	_____ <input type="checkbox"/> LT <input type="checkbox"/> RT	_____ <input type="checkbox"/> LT <input type="checkbox"/> RT
5) Wound Size (≠0)	L_____ W_____ D_____ (cm)	L_____ W_____ D_____ (cm)	L_____ W_____ D_____ (cm)
6) Wound Thickness	<input type="checkbox"/> Partial (Stage II) <input type="checkbox"/> Full (Stage III or IV)	<input type="checkbox"/> Partial (Stage II) <input type="checkbox"/> Full (Stage III or IV)	<input type="checkbox"/> Partial (Stage II) <input type="checkbox"/> Full (Stage III or IV)
7) Reason For Dressing	<input type="checkbox"/> Surgical Wound <input type="checkbox"/> Debridement	<input type="checkbox"/> Surgical Wound <input type="checkbox"/> Debridement	<input type="checkbox"/> Surgical Wound <input type="checkbox"/> Debridement

(Section 4) Wound Care Products to be Ordered – Advanced Dressings, Fillers, Pad & Covers

Duration of Need: 30 days 60 days 90 days FOC = Frequency of Change

	8) Wound #1 Product	9) Wound FOC	8) Wound #2 Product	9) Wound FOC	8) Wound #3 Product	9) Wound FOC
Primary:						
Secondary:						
Tertiary:						
Additional Items:						

Notes: _____

Measurements

Compression Products to be Ordered – Stockings and Wraps

Does The Patient Have a Debrided/Surgically Created Open Venous Leg Ulcer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Leg	Ankle	Calf	Length	FOC	Level	Compression Garments	
	Right				Monthly <input type="checkbox"/> LT <input type="checkbox"/> RT	<input type="checkbox"/> 30-40 mmHg	Single Layer <input type="checkbox"/> LT <input type="checkbox"/> RT	Compression Wrap <input type="checkbox"/> LT <input type="checkbox"/> RT
	Left				Other: _____ <input type="checkbox"/> LT <input type="checkbox"/> RT	<input type="checkbox"/> 40-50 mmHg	Dual Layer <input type="checkbox"/> LT <input type="checkbox"/> RT	Other: _____ <input type="checkbox"/> LT <input type="checkbox"/> RT

(Reference) Wound Care Product Guidelines

Dressing Type	Thickness Required	Drainage Required	Max Units/Wound/Month	Dressing Type	Thickness Required	Drainage Required	Max Units/Wound/Month
Alginate or Other Fiber Gelling Dressing	Full	Mod-Heavy	30	Foam Dressing or Wound Filler	Full	Mod-Heavy	12
Collagen Dressing or Wound Filler	Full	Low-Mod	30	Gauze, Impregnated	Any	Any	30
Composite Dressing or Wound Filler	Any	Mod-Heavy	12	Hydrocolloid Dressing	Any	Low-Mod	12
Contact Layer	Any	Any	4	Hydrogel Dressing	Full	None-Low	30
Conforming Bandage/Roll Bandage (Kerlix)	Any	Any	30	Specialty Absorptive Dressing (ABD Pads)	Full	Mod-Heavy	30
Compression Bandage	Any	Any	4	Tape	Any	Any	2 rolls

(Reference) Medical Documentation Requirements For Each Wound That Supplies Are Being Ordered For

ALL of the following information to the right must be provided in the Medical Notes/Documents
1) ICD-CM 10 Code. 2) Wound Type. 3) Wound Exudate. 4) Wound Location. 5) Wound Size ≠ 0. 6) Wound Thickness/Stage 7) Surgical or Debrided Wound. 8) Primary/Secondary/Tertiary Dressing. 9) Frequency of Dressing Change

(Section 5) Provider Signature

I attest by my signature that: the requested supplies are reasonable and medically necessary for the patient, given his or her clinical condition; The diagnosis information for all products ordered and medical necessity is documented in the patient's medical record and is accurately reflected on this written order; The patient has been instructed on how to use the supplies being requested.

Name & Credentials: _____ NPI: _____
Signature: _____ Date: _____
(Stamped signature not accepted)