



**\*\*Please attach face sheet w/ patient demographics & insurance info\*\***

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Emergency Contact Name/Phone Number: \_\_\_\_\_

### WOUND ASSESSMENT

ICD-10 Code	Wound Location	Has the wound ever been debrided?	Length x Width x Depth	Stage/Thickness	Drainage
1.		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Partial <input type="checkbox"/> Full	<input type="checkbox"/> None <input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Hvy
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Partial <input type="checkbox"/> Full	<input type="checkbox"/> None <input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Hvy
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Partial <input type="checkbox"/> Full	<input type="checkbox"/> None <input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Hvy

### WOUND CARE PRODUCT SELECTION

Wound Dressing	Qty	Select Wound (with X)			Wound Dressing	Qty	Select Wound (with X)		
		W1	W2	W3			W1	W2	W3
Collagen <input type="checkbox"/> 2x2 <input type="checkbox"/> 4x4 <input type="checkbox"/> Rope					ABD Pad <input type="checkbox"/> 5x9 <input type="checkbox"/> 8x7.5 <input type="checkbox"/> 8x10				
Collagen w/ Silver <input type="checkbox"/> 2x2					Sterile Conforming Roll <input type="checkbox"/> 2" <input type="checkbox"/> 3" <input type="checkbox"/> 4"				
Calcium Alginate <input type="checkbox"/> 2x2 <input type="checkbox"/> 4x4.75 <input type="checkbox"/> 4x8 <input type="checkbox"/> Rope					Kerlix <input type="checkbox"/> Antimicrobial 4.5" <input type="checkbox"/> 4.5"				
Calcium Alginate w/ Silver <input type="checkbox"/> 2x2 <input type="checkbox"/> 4x4.75 <input type="checkbox"/> 4x8 <input type="checkbox"/> Rope					Gauze Pad Antimicrobial <input type="checkbox"/> 2x2 <input type="checkbox"/> 4x4 <input type="checkbox"/> 6.75x6.75				
Foam Dressing <input type="checkbox"/> 4x4 <input type="checkbox"/> 4x5 <input type="checkbox"/> 6x6					Gauze Pad Sterile (2 per change) <input type="checkbox"/> 2x2 <input type="checkbox"/> 4x4 <input type="checkbox"/> 4x8				
Foam Dressing w/ Border <input type="checkbox"/> 3x3 <input type="checkbox"/> 4x4 <input type="checkbox"/> 5x5 (size includes border)					Composite Dressing <input type="checkbox"/> 4x4 <input type="checkbox"/> 6x6 <input type="checkbox"/> 6x8 (size includes border)				
Foam Dressing w/ Silver <input type="checkbox"/> 4x4 <input type="checkbox"/> 4x5					Waterproof Tape: <input type="checkbox"/> 1" <input type="checkbox"/> 2" <input type="checkbox"/> 4"				
Other:					Other:				

Length of Need: \_\_\_\_\_ months  
 Dispense Amount (select one):  15-day  30-day  
 Has the patient been educated on how to apply the dressings?  
 YES  NO

Cleansing Products\* (Check all that apply)  
 Saline 100ml:  5  10  15  Other \_\_\_\_\_  Non-Sterile Gauze 4"x8" (Sleeve-200) Gloves(1 box):  Medium  Large  
 \*These products are not covered by Medicare and/or Medicare Advantage Plans. If the above patient's insurance benefits follow such guidelines, then these supplies will not be shipped unless the patient agrees to purchase them.

### UROLOGICAL ASSESSMENT

Primary Diagnosis- ICD-10 Code: \_\_\_\_\_ Secondary Diagnosis- ICD-10 Code: \_\_\_\_\_

### UROLOGICAL PRODUCT SELECTION

**INTERMITTENT CATHETERS/TRAYS**  
 Type:  Red Rubber  Coude (medical records required)  Straight  Closed System (medical records required)  Hydrophilic Coude  Hydrophilic Straight  
 Lubricant:  Ind. Packets  Tube  
 Qty: \_\_\_\_\_  
 Size:  6FR  8FR  10FR  12FR  14FR  16FR  18FR  Other Length:  6" (female)  10" (pediatric)  16" (adult)  
 Intermittent Catheter Tray  
 FREQUENCY PER DAY:  1x/day  2x/day  3x/day  4x/day  5x/day  6x/day  Other \_\_\_\_\_ Qty: \_\_\_\_\_

**FOLEY CATHETER/TRAY**  
 Size:  10cc  30cc French Size: \_\_\_\_\_ Qty: \_\_\_\_\_  Latex  Silicone  Insertion Tray  Irrigation Tray

### UROLOGY ACCESSORIES

Saline (100ml) Qty: \_\_\_\_\_  Leg Strap: Qty: \_\_\_\_\_  Tape  1"  2"  4" Qty: \_\_\_\_\_  
 Appliance cleaner Qty: \_\_\_\_\_  AMD Split Gauze Qty: \_\_\_\_\_  Anchoring Device Qty: \_\_\_\_\_  
 Other Qty: \_\_\_\_\_

### OSTOMY ASSESSMENT

Primary Diagnosis ICD-10 Code: \_\_\_\_\_  
 \*\*Code must state the specific type of ostomy.  
 Secondary Diagnosis ICD-10 Code: \_\_\_\_\_  
 \*\*Code must state the specific type of ostomy.

### TYPE OF OSTOMY

Colostomy  Ileostomy  Urostomy

### OSTOMY PRODUCT SELECTION

Check all products that apply	Qty	Product #
1 Piece Pouch <input type="checkbox"/> Closed <input type="checkbox"/> Drainable		
2 Piece Pouch <input type="checkbox"/> Closed <input type="checkbox"/> Drainable		
Wafer (for 2 Piece Pouch) <input type="checkbox"/> Flat <input type="checkbox"/> Convex		
Stoma Size: _____		

### OSTOMY ACCESSORIES

Check all products that apply	Qty
Bedside Urinary Drainage Bag <input type="checkbox"/> 2000 ml	
Barrier Ring <input type="checkbox"/> 2" <input type="checkbox"/> 4"	
Stoma Paste <input type="checkbox"/> 2 oz.	
Skin Prep Wipes <input type="checkbox"/> 1 Box	
Barrier Strips <input type="checkbox"/> 1 Box	
Lubricating Deodorant <input type="checkbox"/> 8 oz Bottle	
Belt <input type="checkbox"/> Medium <input type="checkbox"/> Large	
Adhesive Remover Wipes <input type="checkbox"/> 1 Box	
Waterproof Tape <input type="checkbox"/> 1" <input type="checkbox"/> 2" <input type="checkbox"/> 4"	
Other:	

### REFERRAL INFORMATION

Ref #: \_\_\_\_\_

Practice Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Preferred Method of Contact?  Phone  Fax  Email  
 Contact Person: \_\_\_\_\_  
 Physician Name: \_\_\_\_\_ NPI#: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_