

The following information is required to process an order for Wound Care supplies. This information must be documented on both the prescription and the office visit notes.

1. A Qualified Wound is identified
 - a. A wound caused by, or treated by a surgical procedure
 - b. After debridement of wound (type of debridement must be documented)
 - i. Debridement types include surgical, mechanical, autolytic, etc
2. Wound information
 - a. Type of wound(s) and ICD-10 Codes
 - b. Location of each wound
 - c. Size of wound(s) (LxWxD)
 - d. Amount of exudate
3. Treatment Plan
 - a. Type of dressing to use
 - b. Size of dressing
 - c. Amount to be used at one time
 - d. Frequency of dressing change
 - e. Expected duration (up to 90 days)

Patient Information

Name: _____ Date of Birth: _____ Phone #: _____

Address: _____ City: _____ Zip: _____

Insurance Information

Primary Insurance Name: _____ Member ID: _____

Prescriber Information

Name: _____ Phone: _____ Fax: _____

Signature: _____ Date: _____ NPI: _____

Wound Information

 Duration of need – 3 months unless indicated otherwise **Other:** _____ (months)

	Location	Days Supply	Diagnosis ICD.10	Drainage (Circle applicable)				Dimensions (cm's)			Thickness (Circle applicable)	
								Length	Width	Depth		
1		30		Dry	Lt	Mod	Hvy				Part	Full
2		30		Dry	Lt	Mod	Hvy				Part	Full
3		30		Dry	Lt	Mod	Hvy				Part	Full
4		30		Dry	Lt	Mod	Hvy				Part	Full

Thickness		Drainage		Wound Size (Circle One)	Primary Dressing	Secondary Dressing	Change Frequency		Wound #									
Part	Full	Mod	Hvy		The below dressing selections are consistent with CMS guidelines, however more options may be available		Guideline (up-to)	If blank use guideline	1	2	3	4						
↑ ↓	↑ ↓	↑ ↓	↑ ↓	4	Collagen	2 x 2	Conforming Bandage St. 3" plus 2' paper tape	Daily		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
				16		4 x 4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
				49		7 x 7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
				4	Collagen Ag	2 x 2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
				16		4 x 4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
				49		7 x 7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
				4	Collagen	2 x 2	Superabsorber with Border			Daily		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				16		4 x 4						3.5 x 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				49		7 x 7						6 x 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				4	Collagen Ag	2 x 2						Daily		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				16		4 x 4								3.5 x 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				49		7 x 7								6 x 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Alginate	2 x 2	Conforming Bandage St. 3" plus 2' paper tape	Q3D		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
20		4 x 5				8 x 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>				
4	Alginate Ag	2 x 2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>				
20		4 x 5	Foam Silicone plus 2' paper tape				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>				
16	Superabsorber	4 x 4					Conforming Bandage St. 3" plus 2' paper tape	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>			
40		6 x 10				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>				
9	Superabsorber	3 x 3	Foam Silicone plus 2' paper tape			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
16		4 x 4				4 x 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
2	Foam Silicone	2 x 2				Conforming Bandage St. 3" plus 2' paper tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
12		4 x 5	Foam Silicone Ag				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
36		8 x 8					Conforming Bandage St. 3" plus 2' paper tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
2	Foam Silicone	2 x 2				Foam Silicone Ag		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
12		4 x 5	Conforming Bandage St. 3" plus 2' paper tape	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>									
36		8 x 8		Foam Silicone Ag	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

 Other Dispense as written

Compression – Only covered with open venous stasis ulcer

mmHg	Ankle	Mid-Calf	Heel/Back Knee	Style
Right <input type="checkbox"/> 30-40	_____ cm	_____ cm	_____ cm	<input type="checkbox"/> Calf <input type="checkbox"/> Open <input type="checkbox"/> Above
Left <input type="checkbox"/> 30-40	_____ cm	_____ cm	_____ cm	<input type="checkbox"/> Ankle <input type="checkbox"/> Closed <input type="checkbox"/> Below