

# Wound Care Order Form: Fax this form and patient records to 501-663-6668. Also available at [www.finneganhealth.com/forms](http://www.finneganhealth.com/forms).

## 1 PATIENT INFORMATION

Name: \_\_\_\_\_

Sex: M or F Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Has Patient Been Notified: Y or N

**IMPORTANT:** Is patient receiving home health OR outside assistance in the home? Y or N

## 2 INSURANCE INFORMATION

Primary Company: \_\_\_\_\_

ID#: \_\_\_\_\_

## 3 PHYSICIAN INFORMATION

Name: \_\_\_\_\_

NPI#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

**VERIFICATION:** I certify I am treating the patient named above and am ordering these supplies based on my exam and treatment of the patient. I affirm the supplies are medically reasonable and necessary. I have noted, on this form, my findings about the patient's wound(s) and supply needs. I keep documentation about my treatment of the patient and will make it available upon request.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 6 ADDITIONAL SUPPLIES (if needed)

## 4 REQUIRED WOUND INFO (circle choices & fill in blanks)

	Wound 1					Wound 2					Wound 3					Wound 4				
	II	III	IV	P	F	II	III	IV	P	F	II	III	IV	P	F	II	III	IV	P	F
<b>Size (LxWxD):</b>																				
<b>Location:</b>																				
<b>Drainage:</b>	min. mod. heavy					min. mod. heavy					min. mod. heavy					min mod heavy				
<b>Ever Debrided:</b>	Y or N					Y or N					Y or N					Y or N				
<b>Days Needed:</b>	30 60 90					30 60 90					30 60 90					30 60 90				
<b>Change Frequency:</b>																				

## 5 CUSTOMIZED DRESSING ORDERS

Product	Size/Style <small>(in inches, unless otherwise specified)</small>	Drainage <small>(required)</small>	Units <small>(per month, required)</small>	Wound #			
				1	2	3	4
<b>ALGINATES</b>							
calcium alginate / rope	2x2, 4x5, 3/4x12	mod.-heavy	up to 30				
medihoney / silver alginate	2x2, 4x5, 3/4x12	mod.-heavy	up to 30				
<b>COLLAGENS</b>							
cellerate/stimulen	powder	any	up to 30g				
collagen	2x2, 4.34 sq. inches	any	up to 12				
silver collagen	2x2, 4x4	any	up to 12				
<b>DRESSINGS</b>							
ABD pad	5x9, 8x10	mod.-heavy	up to 30				
antimicrobial gauze roll / sponge	4" roll, 2x2, 4x4	any	up to 30				
gauze roll / gauze sponge	4" roll, 2x2, 4x4	any	up to 30				
hydrocolloid	2x2, 4x4	low-mod.	up to 12				
non-adherent dressing	3x3, 3x8	any	up to 30				
transparent film	2x3, 4.25x4.25, 6x8	no-min.	up to 12				
xeroform	2", 4"	any	up to 30				
<b>FOAMS</b>							
bordered foam	2x2, 3x3, 4x4	mod.-heavy	up to 12				
foam / silver foam	2x2, 4x5	mod.-heavy	up to 12				
<b>GELS</b>							
anasept gel	3 oz. tube	no-min.	3 oz.				
honey gel	1.5 oz., 3 oz. tube	no-min.	3 oz.				
silver sept gel	1.5 oz., 3 oz. tube	mod.-heavy	3 oz.				
<b>TAPES</b>							
paper / silk / transparent rolls	1", 2", 3" rolls	any	2 per wound				
retention tape rolls	2", 4", 6" rolls	any	1 per wound				