

Wound Care Order Form:

Fax this form and patient records to **501-325-1943**.
Also available at 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
Size (LxWxD):	_____																			
Location:	_____																			
Drainage:	min.	mod.	heavy	min.	mod.	heavy	min.	mod.	heavy	min.	mod.	heavy	min mod heavy							
Ever Debrided:	Y or N					Y or N					Y or N					Y or N				
Days Needed:	30	60	90	30	60	90	30	60	90	30 60 90										
Change Frequency:	_____																			

5 CUSTOMIZED DRESSING ORDERS

Product	Size/Style <i>(in inches, unless otherwise specified)</i>	Drainage <i>(required)</i>	Units <i>(per month, required)</i>	Wound #			
				1	2	3	4
ALGINATES							
calcium alginate / rope	2x2, 4x5, 3/4x12	mod.–heavy	up to 30				
medihoney / silver alginate	2x2, 4x5, 3/4x12	mod.–heavy	up to 30				
COLLAGENS							
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				
DRESSINGS							
ABD pad	5x9, 8x10	mod.–heavy	up to 30				
antimicrobial gauze roll / sponge	4" roll, 2x2, 4x4	any	up to 60				
gauze roll / gauze sponge	4" roll, 2x2, 4x4	any	up to 60				
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				
FOAMS							
bordered foam	2x2, 3x3, 4x4	mod.–heavy	up to 12				
foam / silver foam	2x2, 4x5	mod.–heavy	up to 12				
GELS							
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.				
TAPES							
paper / silk / transparent rolls	1", 2", 3" rolls	any	2 per wound				
retention tape rolls	2", 4", 6" rolls	any	1 per wound				