

Wound Care Order Form:

Fax this form and patient records to **501-663-6668**.
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							
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 <small>(in inches, unless otherwise specified)</small>	Drainage <small>(required)</small>	Units <small>(per month, required)</small>	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 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				
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				