

PATIENT INFORMATION

Patient Name _____ Date of Birth _____ Sex M F
 Address _____ City _____ State _____ Zip _____
 Phone _____ Caregiver _____ Phone _____

INSURANCE INFORMATION (ATTACH OR FILL OUT)

Primary Insurance Co. _____ Policy # _____ Grp # _____
 Secondary Insurance Co. _____ Policy # _____ Grp # _____

REFERRING AGENCY/PHYSICIAN INFORMATION

Referring Agency _____ Nurse _____ Phone _____
 Ordering Physician _____ Phone _____ Fax _____

DIAGNOSIS

Diagnosis _____

WOUND ASSESSMENT

Wound Location	Frequency	Wound Type	Length	Width	Depth	Thickness/Stage	Drainage Amount
1. L / R						Partial Full II III IV	None Min Mod Heavy
2. L / R						Partial Full II III IV	None Min Mod Heavy
3. L / R						Partial Full II III IV	None Min Mod Heavy
4. L / R						Partial Full II III IV	None Min Mod Heavy

Tunneling? Yes _____ cm Undermining Wound Debrided? Yes When? _____ Infection? Yes

SUPPLIES

- Gauze 2x2 4x4 4x8
- Telfa 3x4 3x8
- Roll Gauze Conform 2" 3" 4" 6"
- Kerlix Roll Gauze 3" 4"
- Unnaboot White Calamine
- Profore Bandage System
- Plain Packing Strip 1/4" 1/2" 1"
- Border Gauze 2x2 pad 4x4 pad 4x6pad
- Composite 2x2 pad 4x4 pad 4x6pad
- Vaseline Gauze 3x9 3x18 6x36
- Xeroform 2x2 1x8 5x9
- Adaptic 3x3 3x8 3x16
- Transparent Dressing 2x3 4x5 6x8 6x11
- Hydrocolloids Thick/Thin 2x2 4x4 6x6
- Hydrogel 3 oz. tube 2x2 pad 4x4 pad 4x8 pad
- SilvaSorb Gel 1.5 oz. tube 3 oz. tube
- TheraGauze 2x2 4.125x4.125

Medicare Requires Full Thickness or Stage 3/4 with Moderate/Heavy Drainage for the Following Dressings

- Cover Pad 4x4
- ABD 5x9 8x10
- Foam 2x2 4x4 4x8 6x6 8x8
- Bordered Foam 2x2 pad 4x4 pad 4x6 pad
- Promogran 4.34 square inches
- Prisma 4.34 square inches
- Calcium Alginate 2x2 4x4 4x8 rope
- Silver Alginate 2x2 4x5 rope
- Tape: Paper 1" 2" Plastic 1" 2" Cloth 1" 2"
 Medipore 2" 3" Hypafix 2" 4"

No Medicare Coverage

- Gloves Vinyl Latex SM MED LG
- Saline 250ml 500ml 1000ml