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Patient: ______________________________
Phone: ____________________ D.o.B.: ________________

Physician: ______________________________
Phone: ____________________ Fax:____________________
NPI: ______________________________

DIAGNOSIS CODE

☐ 70700 (decubitus ulcer/site not specified)	○ Stage I	○ Stage II	○ Stage III	○ Stage IV
☐ 70701 (decubitus ulcer/elbow)	○ Stage I	○ Stage II	○ Stage III	○ Stage IV
☐ 70702 (decubitus ulcer/upper back)	○ Stage I	○ Stage II	○ Stage III	○ Stage IV
☐ 70703 (decubitus ulcer/lower back)	○ Stage I	○ Stage II	○ Stage III	○ Stage IV
☐ 70704 (decubitus ulcer/hip)	○ Stage I	○ Stage II	○ Stage III	○ Stage IV
☐ 70705 (decubitus ulcer/buttock)	○ Stage I	○ Stage II	○ Stage III	○ Stage IV
☐ 70706 (decubitus ulcer/ankle)	○ Stage I	○ Stage II	○ Stage III	○ Stage IV
☐ 70707 (decubitus ulcer/heel)	○ Stage I	○ Stage II	○ Stage III	○ Stage IV
☐ 70709 (decubitus ulcer/NEC)	○ Stage I	○ Stage II	○ Stage III	○ Stage IV
☐ 70710 (ulcer of the lower limbs, not decubitus)				
☐ 7078 (chronic skin ulcer)				
Other Diagnosis: ______________________________				

Wound Type: ○ Venous ○ Arterial ○ Diabetic ○ Partial Thickness ○ Full Thickness

Surgery/Debridement Date: _____/_____/________ ○ Mechanical ○ Chemical ○ Autolytic ○ Surgical

Drainage: ○ Dry ○ Minimal ○ Moderate ○ Heavy

Frequency of Change: ○ 1 x Daily ○ 2 x Daily ○ 3 x Weekly ○ Other ______________________________

Duration of Need: ○ 30 Days ○ 60 Days ○ 90 Days ○ Other ______________ Months

Prognosis: ○ Good ○ Fair ○ Poor

Home Health Pt: ○ Yes ○ No

Wound 1: Location ○ R or ○ L _______________Size & Depth in cm's ____________cm x ____________cm x ____________cm

Wound 2: Location ○ R or ○ L _______________Size & Depth in cm's ____________cm x ____________cm x ____________cm

Wound 3: Location ○ R or ○ L _______________Size & Depth in cm's ____________cm x ____________cm x ____________cm

Wound 4: Location ○ R or ○ L _______________Size & Depth in cm's ____________cm x ____________cm x ____________cm

○ Dry Wound	○ Moderate to Heavy	○ Minimal to Heavy	○ Basic Wound
- Hydrogel Gauze	- Calcium Alginate	- Collangen	- Gauze
- Kerlix AMD Roll	- ABD Pad	- Kerlix AMD Roll	- Kerlix AMD Roll
- Tape	- Conform Roll & Tape	- Tape	- Tape
Packs Sent ______________	Packs Sent ______________	Packs Sent ______________	Packs Sent ______________

Dressing	Frequency	Wound 1	Wound 2	Wound 3	Wound 4
Transparent Dsg	3 x Weekly				
Packing Sting ½ x 5 yds	Daily				
Xeroform 5 x 9	Daily				
ABD Pad	Daily				
Foam	3 x Weekly				
Hydrocolloid	3 x Weekly				
Other					
Other					
Other					

BY SIGNING BELOW, I AUTHORIZE the use of this document as a legal prescription, and I certify that the above prescribed items are medically necessary and reasonable, and are not being prescribed for convenience. I will maintain an original signed copy of this order in my medical records and make it available to medicare, their authorized agents or other insurer, if required.

Signature ______________________________ **Date** ____________________ **NPI#** ________________________