



Physician's Written Order

Phone: 800-349-9490 Fax: 866-928-0739

PATIENT INFORMATION

Patient Name: _____ SSN# _____ DOB _____ DOS _____
 Address: _____ City _____ State _____ Zip _____
 Name of Clinic: _____ Contact: _____ Phone: _____
 Nursing Home Facility Code: _____ Home Skilled Nursing Assisted Living

PRIMARY

DRESSINGS	CIRCLE SIZE	REQUIRED	WOUND #1	WOUND #2	WOUND #3	WOUND #4
Fibracol	2X2 4X4	ANY				
Promogran	4.34 SQ IN.	ANY				
Prisma Matrix	4.34 SQ IN.	ANY				
SkinTemp	—	ANY				
Hydrogel Gauze	2X2 4X4	DRY				
Hydrogel Sheets	—	DRY/MINIMAL				
Elastogel	—	DRY/MINIMAL				
Curagel	4X4	DRY/MINIMAL				
Algicel AG	2x2 4x4 12" ROPE	MOD/HEAVY				
Elcelginate AG	2x2 4x4 12" ROPE	MOD/HEAVY				
Silvercel	2x2 4x4	MOD/HEAVY				
Algicel	2x2 4x4 12" ROPE	MOD/HEAVY				
Excelginate	4x8 12" ROPE	MOD/HEAVY				
Sorbalgon	2x2 4x4 12" ROPE	MOD/HEAVY				
Gauze Pads	2x2 4x4	ANY				

SECONDARY

Kerlix AMD Roll Gauze	ROLL 2x2 4x4	ANY				
ABD Pads	5X9 8 X 10	MOD/HEAVY				
Tape	1" 2" 4" 6"	ANY				

Wounds Debrided: yes no Patient On Home Health: yes no In Nursing Home: yes no

Comments:

Frequency of Change (QD, QoD, BID)				
Wound Type				
Length x Width X Depth (cm)				
Stage Thickness II III IV Partial Full				
Drainage (None Min Mod Heavy)				
Duration 30 Days unless noted				

ASSIGNMENT OF BENEFITS / MEDICAL RELEASE

I request payment of my insurance benefits be made to Healthtronix for any supplies or services furnished by Healthtronix. I understand that I am responsible for my deductible and any balance due that is not covered by my insurance. I authorize the holder of medical information about me to release to Healthtronix and/or insurance carrier to determine insurance benefits. I understand that all information will be kept confidential in accordance with Federal and State Regulations.

Patient's Signature _____ Date _____

PHYSICIAN INFORMATION

Physician's Name: _____ Physician's Phone _____ Fax _____
 Physician's Address: _____ City _____ State _____ Zip _____
 Physician's Signature: _____ Date: _____ NPI _____