



Statement of Ordering Physician

Negative Pressure Wound Therapy System (NPWT) Pump and Supplies

Please Print All Information Clearly.

Patient Name _____ Order Date _____

Mdcr/Ins # _____ DOB _____ Initial _____ Ongoing _____

Address _____ City _____ ST _____ Zip _____

Place of service where patient resides (circle): Home Care – ALF – ICF – LTC – Acute

Care-Other: _____

Product: NPWT Wound Pump HCPC Code: E2402
Product: Wound Drainage Kits HCPC Code: A6550 Kit Type: Reva___ Dome___ (please check)
Product: Disposable Canister HCPC Code: A7000

*Varies by state

Information in Sections A – D should NOT be completed by supplier. PLEASE COMPLETE All Sections Below.

Wound Information

Wound Type _____

Onset date of wound _____ Provide a brief history of wound and past treatment

ICD-10 Code: _____

Wound location _____ Stage ___ Dimensions: L ___ W ___ D ___

Tunneling/Undermining (circle): Y or N – If yes, treatment order/start date

Is there necrotic tissue present in wound bed? Y or N – If yes, will wound be debrided prior to application of NPWT? Y or N.

Has the Patient been on a comprehensive ulcer treatment program prior to application of NPWT? Y or N

If above answer is NO, please provide explanation for why a conventional treatment would NOT provide adequate healing?

Name and title of person answering questions if other than a physician

General Health Information

Patient height _____ Patient Weight _____ Patient sex: Male or Female

Patient's nutritional status: Good Fair Poor - Albumin level _____

Please list all of patient's diagnoses

Comorbid conditions or complications to healing

Name and title of person answering questions if not a physician _____

(Continued on page 2)

Please Fax to Quinlans Pharmacy at 1-585-728-3244. Mail original to Quinlan's Pharmacy & Medical Equipment, 107 North Main Street, Wayland NY 14572. (585) 728-9120. www.QuinlansMedical.com

Please Fax or Send Patient Demographic Sheet with this Order Form

Additional Clinical Information

Information for All Wounds:

- Has a care plan been established by the patient’s physician or nurse? Yes No N/A
- Nutritional assessment and interventions consistent with the overall plan of care? Yes No N/A
- Regular assessment by a physician, nurse, or other licensed healthcare provider? Yes No N/A
- Management of moisture/incontinence? Yes No N/A
- If patient has been in an in-patient setting, was NPWT applied in facility? Yes No N/A
- Has NPWT been used prior to in-patient stay? Yes No. If Yes, what date(s)_____

Information for Pressure Ulcer:

- Education of patient and caregiver on the prevention and/or management of pressure ulcers? Y or N
- Regarding posterior trunk/pelvis pressure ulcers, has patient been on a Group 2 or 3 support surface (i.e., low-air-loss mattress)? Y or N
- Appropriate turning, positioning and wound care? Y or N

Information for Venous Ulcer:

- Compression bandages consistently applied? Y or N
- Elevation of Leg and ambulation have been encouraged? Y or N

Information for Diabetic Ulcer:

- Comprehensive diabetic management program? Y or N

Information for Surgical Wounds:

- Date of Surgery _____ Have conventional post-surgical wound treatments been attempted? Y or N
- If there is a need for faster wound healing, what conditions warrant this?

If any of the above answers are no, please explain why this is not the case and why the NPWT should be tried in lieu of this?

Any additional observations/comments relating to wound

Name and title of person answering questions if other than a physician

Physician Certification

Estimated length of need in months (4 months max) _____

Date patient last seen _____ Suction setting _____ Circle One: Constant or Intermittent

Physician name (print) _____

Physician signature _____

NPI # _____ Date signed _____

Signature and Date must be handwritten, NO stamps.

.....

Please Fax to Quinlans Pharmacy at 1-585-728-3244.

Please Fax or Send Patient Demographic Sheet with this Order Form

Mail original to Quinlan’s Pharmacy & Medical Equipment, 107 North Main Street, Wayland NY 14572.

(585) 728-9120. www.QuinlansMedical.com