



# Wound Management

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www.woundmgmt.com

**TO ENSURE PROMPT DELIVERY, PLEASE FAX THIS FORM AND PATIENT FACESHEET TO 866-399-9338. RAPID PROCESSING AND NEXT DAY DELIVERY. GUARANTEED.**

PHYSICIAN AND FACILITY INFO		PATIENT INFO	
PHYSICIAN		NAME	DOB
FACILITY		INSURANCE	
PHONE/FAX		INS. ID #	
ADDRESS		ADDRESS	
CITY/STATE		PHONE	

## WOUND ASSESSMENT

#	ETIOLOGY	LOCATION / ICD-10	L x W x D	STAGE or THICKNESS	DRAINAGE
1	VSU ART DU PU TRAU SURG			I - II - III - IV or PT / FT	N - L - M - H
2	VSU ART DU PU TRAU SURG			I - II - III - IV or PT / FT	N - L - M - H
3	VSU ART DU PU TRAU SURG			I - II - III - IV or PT / FT	N - L - M - H
4	VSU ART DU PU TRAU SURG			I - II - III - IV or PT / FT	N - L - M - H

DRESSINGS	REQUIRED DRAINAGE	MAX UNITS PER MONTH	FREQUENCY OF CHANGE	WOUND #			
				1	2	3	4
CAL ALGINATE: AG? Y / N	MOD - HEAVY	30/ WOUND					
COLLAGEN: AG? Y / N	MIN - MOD	15/ WOUND					
HYDROGEL (LIQUID): AG? Y / N	NONE - LOW	3 OZ/WOUND					
HYDROGEL (w/ BORDER): AG? Y / N	NONE - LOW	12/ WOUND					
HYDROGEL (w/o BORDER): AG? Y / N	NONE - LOW	30/ WOUND					
HYDROCOLLOID:	MIN - MOD	12/ WOUND					
CONTACT LAYER:	ANY	4/ WOUND					
FOAM: BORDER? Y / N	MOD - HEAVY	12/ WOUND					
ABSORPTIVE: (circle) ABD EXUDRY	MOD - HEAVY	30/ WOUND					
AMD GAUZE:	ANY	30/ WOUND					
ROLL GAUZE: (circle) KERLIX CONFORM	ANY	30/ WOUND					
COMPRESSION BANDAGE:	ANY	VARIABLES					
TAPE: Size:	ANY	VARIABLES					
OTHER:							
OTHER:							

Note(s):

COMPRESSION STOCKINGS				COMPRESSION WRAPS			
BRAND	STYLE	STRENGTH		SOLARIS READYWRAP		SIGVARIS COMPREFLEX LITE	
MEDI	SINGLE LAYER	30-40		CIRCAID JUXTALITE		TBA	
SIGVARIS	MULTI-LAYER*	40-50		TBA		TBA	
TBA	LE MEASUREMENTS: L ANKLE ___cm L CALF ___cm R ANKLE ___cm R CALF ___cm LENGTH ___cm						

LENGTH OF NEED (Circle): 30 60 90 days

\*Multi-Layer Stockings available from Medi only

PHYSICIAN or CLINICIAN SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_