

# WOUND CARE PHYSICIAN ORDER

Fill out this form and include the patient's demographics and insurance information.



P: 888.771.9229 | F: 866.680.5574 | [strivemedical.com](http://strivemedical.com)

Patient Name: \_\_\_\_\_ Order Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Phone: \_\_\_\_\_ Patient DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Fax: \_\_\_\_\_

## Wound Care Dressings Needed

Patient is aware of this order  Yes  No

	Wound 1			Wound 2			Wound 3		
ICD-10 Codes (Diagnosis)									
Wound Size (LxWxD)	_____ x _____ x _____ (cm)			_____ x _____ x _____ (cm)			_____ x _____ x _____ (cm)		
Wound Location	_____ L R			_____ L R			_____ L R		
Thickness	Full	Partial		Full	Partial		Full	Partial	
Stage (Pressure Ulcers)	2	3	4	2	3	4	2	3	4
Exudate	Min	Mod	Heavy	Min	Mod	Heavy	Min	Mod	Heavy
Debridement - required by Medicare (unless surgical wound)	Yes, Date _____ No			Yes, Date _____ No			Yes, Date _____ No		
*Items require FULL thickness for Medicare insurance coverage	<b>Frequency of Change</b>			<b>Frequency of Change</b>			<b>Frequency of Change</b>		
*Alginate/Gelling Fiber <input type="checkbox"/> Silver									
*Collagen <input type="checkbox"/> Silver									
*Foam – Bordered <input type="checkbox"/> Silver									
*Foam – Non-bordered <input type="checkbox"/> Silver									
*Hydrogel Filler <input type="checkbox"/> Silver									
*Hydrogel Sheet <input type="checkbox"/> Silver									
*Specialty Absorptive (ABD)									
Composite Dressing									
Contact Layer									
Gauze									
Gauze – Bordered									
Gauze – Impregnated									
Gauze – Roll									
Hydrocolloid Dressing									
Transparent Film									
Other:									

Does the patient currently have any of the requested products at home?

Yes  No *If Yes, list the remaining qty of each product in Notes section.*

### Notes

### Provider Info

Physician Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician NPI: \_\_\_\_\_ Signature: \_\_\_\_\_

*This Rx is valid for 90 days. Any edits needs to be initialed and dated by the physician.*