MEDICAL SUPPLIES

Wound Care Order

Physician Information

X Physician Signature X Date

Patient Dx	ICD9 Codes

Patient Demographics

Name

DOB

Social Security #

Address

City/State/Zip

Home Phone

Patient Insurance

Insurance Company

Policy # Group #

Insurance Company Phone #

Co-Insurance

Policy # Group #

Insurance Company Phone #

Assignment of Benefits. I authorize release of medical information as necessary to justify the need for medical equipment and authorize payments to be paid directly to Burman's Medical Supplies. Included in this release would be insurers, accrediting, governing and regulatory agencies. I agree, whether I sign below as agent or customer, to accept all financial responsibility for the medical equipment, supplies or services furnished to me, or the customer by Burman's Medical Supplies in the event an item is not paid full and/or covered by my insurance. If my insurance company or third party pay or pays any benefits directly to me, I agree to forward all monies received to Burman's Medical Supplies upon receipt of such monies. A copy of this agreement may be used in place of the original.

X Patient/Caregiver Signature X Date

Caregiver Relationship to Patient

Form 1.1L

Toll Free: 800.604.6068 Local: 610.876.6068 Fax: 800.599.5560

Physician Section — Diagnosis

Order is authorization to dispense a 30 day supply for 90 days unless indicated otherwise or not medically necessary.

Wound #1

Type of Wound: Pressure Venous Arterial Other ____________

Tissue Type: Granulation Slough Eschar Other ____________

Size (L W D in centimeters):

Stage: (If pressure) I II III IV

Specific Location:

Debridement/Surgery Date:

Method of Debridement: Sharp/Surg. Enzy. Auto. Mech.

Exudate: (circle one) None Min. Mod. Hvy

Frequency of Dressing Change:

Duration of Treatment:

Is tunneling present? Yes or No

Is there an odor? Yes or No

What is condition of surrounding skin?

Is patient under home health care? Yes or No

Wound #1 Primary Dressings

TheraGauze™ Large—4.125” x 4.125” ☐

TheraGauze™ Small—2.00” x 2.00” ☐

Wound #1 Secondary Dressings

Item	
4" x 4" Sponge Kerlix Antimicrobial	☐
6" x 6" Super Sponge Kerlix Antimicrobial	☐
Kerlix AMD Antimicrobial bandage roll 4.1 inch x 5 yd	☐
Surgical Tapes - Rolls 3 - Omnifix Latex Free	2" 4" 6"
Surgical Tapes - Rolls 3 - Cloth surgical tape	2" 4" 6"

Wound #2

Type of Wound: Pressure Venous Arterial Other ____________

Tissue Type: Granulation Slough Eschar Other ____________

Size (L W D in centimeters):

Stage: (If pressure) I II III IV

Specific Location:

Debridement/Surgery Date:

Method of Debridement: Sharp/Surg. Enzy. Auto.

Exudate: (circle one) None Min. Mod. Hvy

Frequency of Dressing Change:

Duration of Treatment:

Is tunneling present? Yes or No

Is there an odor? Yes or No

What is condition of surrounding skin?

Wound #2 Primary Dressings

TheraGauze™ Large—4.125” x 4.125” ☐

TheraGauze™ Small—2.00” x 2.00” ☐

Wound #2 Secondary Dressings

Item	
4" x 4" Sponge Kerlix Antimicrobial	☐
6" x 6" Super Sponge Kerlix Antimicrobial	☐
Kerlix AMD Antimicrobial bandage roll 4.1 inch x 5 yd	☐
Surgical Tapes - Rolls 3 - Omnifix Latex Free	2" 4" 6"
Surgical Tapes - Rolls 3 - Cloth surgical tape	2" 4" 6"