TOTAL WOUND CARE SOLUTIONS
A Division of Tidewater Medical

Phone: (888) 858-9988 Fax: (866) 991-6282

Wound Dressing Rx and Order Form

Patient Name: **TWS:**

Facility: **Phone:** **Fax:**

(Please include the ***Patient Information*** Sheet with the order form.)

WOUND ASSESSMENT

WOUND LOCATION or ICD-9	WOUND TYPE	LENGTH	WIDTH	DEPTH	THICKNESS (CIRCLE)	DRAINAGE (CIRCLE)
1					Partial Full	NONE MIN MOD HEAVY
2					Partial Full	NONE MIN MOD HEAVY
3					Partial Full	NONE MIN MOD HEAVY
4					Partial Full	NONE MIN MOD HEAVY

Is Wound Debrided? YES **DURATION OF NEED 90**

Compression Stockings	
Circle Appropriate	
Right Leg	**Left Leg**
Yes Must Be Circled Below To Qualify	
Open Venous Stasis Ulcer? YES NO	
Class II	**Class III**
30-40mmHg	40-50mmHg
Size/ Color	
A B C D E	
Beige or	Black

Is patient currently being seen by Home Health?

Yes No

ASSIGNMENT OF BENEFITS

I request that all payments from any insurance carrier, including Medicare, Medicaid or private insurance company be made on my behalf to Tidewater Medical Inc (TWM) for any equipment, supplies or services provided to me by TWM. I authorize the release of my medical information to HCFA and/or my insurance carrier and its agencies for the purpose of review of healthcare benefits for the determination of payment. I understand that I am responsible for any remaining balance on my account after my insurance has processed each claim. This authorization will remain in effect until written notification by myself or my legal representative has been received.

Patient/Caregiver Signature Date

Physician Name NPI #

Physician Signature Date

INDIVIDUAL DRESSING INFORMATION – CREATE A PACK

	Drainage Type	Frequency	1	2	3	4
Prisma		Daily				
Promogran		Daily				
AmeriGel Hydrogel Gauze	Light/Mod	Daily				
AmeriGel Hydrogel	Light/Mod	Daily				
Hydrocolloid	Light/Mod	3 x Week				
Adaptic		Daily				
Gauze		Daily				
Kerlix AMD/Bioguard		Daily				
Conforming Roll Gauze		Daily				
Tape		Daily				
Medicare requires FULL THICKNESS or STAGE 3/4 with MOD/HEAVY DRAINAGE for the following:						
Calcium Alginate Rope	Mod/Heavy	Daily				
Calcium Alginate	Mod/Heavy	Daily				
Silver Alginate	Mod/Heavy	Daily				
Foam	Mod/Heavy	3 x Week				
Bordered Foam	Mod/Heavy	3 x Week				
ABD	Mod/Heavy	Daily				

Other Products

Starter Kit Sent Home With Patient? Yes No

TO RECEIVE EMAIL CONFIRMATIONS, PLEASE LIST PREFERRED EMAIL HERE:

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