



Negative Pressure Wound Therapy Order Form

Michigan Orders: Phone: 517-223-8243 Fax: 517-223-8538
 Colorado Springs Orders: Phone: 719-442-1772 Fax: 719-227-1172
 Denver, Colorado Orders: Phone: 720-920-4038 Fax: 720-920-4039

Referred By: _____ Phone: _____ Fax: _____

Physician's Full Name: _____ NPI: _____

Patients Name: _____ DOB: _____ Ht/Wt: _____

PRODUCTS

Negative Pressure Wound Therapy System with 15 Kits (A6550) & 10 Canisters (A7000)

Length of Need in Months: 1 2 3 4 Other _____

THERAPY SETTINGS

Continuous Mode (40 mmHg – 200 mmHg) _____ mmHg

Variable Intermittent Mode

Low Pressure (40-200) _____ mmHg Cycle Time (1 minute increments) _____

High Pressure (40-200) _____ mmHg Cycle Time (1 minute increments) _____

Notes: _____

Other Orders: _____

DIAGNOSIS

Wound Type: _____ Diagnosis Code(s): _____ Stage (if applicable) _____

Other Contributing Diagnoses: _____

CLINICAL INFORMATION

- Y N N/A 1. Is the patient being seen regularly by a nurse, physician or other licensed practitioner?
- Y N N/A 2. Has a care plan been established including ongoing nutritional assessments and consistent interventions?
- Y N N/A 3. Has the patient been involved in a comprehensive ulcer treatment program?
- Y N N/A 4. Is the wound full thickness?
- Y N N/A 5. Is the moisture/incontinence being appropriately managed?
- Y N N/A 6. Has the wound environment remained moist?
- Y N N/A 7. Is there 20% or less eschar in the wound?
- Y N N/A 8. Has the patient been on a group 2 or 3 surface relieving the pressure on the trunk or pelvis?
 If Yes, what type of mattress: _____
- Y N N/A 9. Has NPWT therapy ever been utilized prior? If Yes, date: _____
- Y N N/A 10. Has previous alternative treatment been tried prior to application of NPWT? If yes, what has been tried:

Order Date: _____

Physician Signature: _____ Signature Date: _____

By signing above I am authorizing the order of a Negative Pressure Wound Therapy System as medically necessary for the patient listed above. I am also proclaiming that all other applicable healing treatments have been attempted or considered and ruled out. I have read and understand all safety information and instructions for use included with this specific product as well as the systems it is contraindicated for: patients with malignancy of the wound, untreated osteomyelitis, non-enteric or unexplored fistulas, or necrotic tissue with the presence of eschar. Dressings for the Negative Pressure Wound Therapy system should never be placed directly in contact with exposed blood vessels, anastomotic sites, organs or nerves. I prescribe the Negative Pressure Wound Therapy system and up to 15 dressings per wound and 10 canisters per month. *Physician Signature covers all sections on NPWT Order Form and Statement of Ordering Physician