



Surgical / Wound Dressings and Supplies

Fax: (248) 353-4260
 Questions call: (888) 606-8778

NOTE: Wound care supplies are covered by insurance for post-operative wounds or post debridement care.
 Dates of the procedures must be recorded in the medical record and match the dates recorded on this form.

Patient Name: _____ DOB: _____ Order Date: _____
 Address: _____ Insurance#: _____ Phone: _____
 New Order Reorder Length of Need: (1-3 months) _____ Physician/Prescriber: _____
 Diagnosis / Code: 1. _____ / _____ 2. _____ / _____
 Surgical Wound **or** Debridement Procedure Date: _____
 Does the patient have a nurse making home visits: Yes **or** No *If yes and patient has Medicare, contact the nursing agency for supplies.*
 Nursing Agency: _____ Phone: _____ Contact: _____

Hart Formulary

Note: Formulary is not manufacturer specific. Substitution for a specific brand name with a generic equivalent product is permitted.

<p>Gauze: Non-Impregnated</p> <p>Sterile: <input type="checkbox"/> 2" x 2" <input type="checkbox"/> 4" x 4" <input type="checkbox"/> 4" x 4" Split Drain Sponge Non-sterile: <input type="checkbox"/> 4" x 4' Loaf 200/Bag Roll Gauze (Non-elastic): <input type="checkbox"/> 2" x 3 yds <input type="checkbox"/> 4.5" x 4 yds Roll Gauze (Elastic): <input type="checkbox"/> 2" x 4 yds <input type="checkbox"/> 4" x 4 yds</p> <p>Gauze Impregnated</p> <p>Oil Emulsion: <input type="checkbox"/> 3" x 3" <input type="checkbox"/> 3" x 8" <input type="checkbox"/> 3" x 16" <input type="checkbox"/> 3" x 60" <input type="checkbox"/> 5" x 9" Petrolatum Wound Dressing: <input type="checkbox"/> 4" x 4" <input type="checkbox"/> 5" x 9"</p> <p>Packing Gauze</p> <p>Plain Packing Strips (5 yd bottle): <input type="checkbox"/> 1/4" <input type="checkbox"/> 1/2" <input type="checkbox"/> 1" <input type="checkbox"/> 2" Iodoform Packing Strips (5 yd bottle): <input type="checkbox"/> 1/4" <input type="checkbox"/> 1/2" <input type="checkbox"/> 1" <input type="checkbox"/> 2" Other: _____</p> <p>Tape: Size: <input type="checkbox"/> 1" <input type="checkbox"/> 2" <input type="checkbox"/> 3" <input type="checkbox"/> 4" <input type="checkbox"/> Durapore <input type="checkbox"/> Transpore <input type="checkbox"/> Micropore <input type="checkbox"/> Coban <input type="checkbox"/> Medipore</p> <p>Elastic Tubular Bandage (rubber latex blend)</p> <p>Body Area: <input type="checkbox"/> finger <input type="checkbox"/> toe <input type="checkbox"/> hand/wrist <input type="checkbox"/> arm <input type="checkbox"/> foot/ankle <input type="checkbox"/> leg - calf <input type="checkbox"/> leg-thigh <input type="checkbox"/> chest <input type="checkbox"/> abdomen <input type="checkbox"/> head</p>	<p>Specialty Dressings</p> <p>Alginate Wound Cover <input type="checkbox"/> 2" x 2" <input type="checkbox"/> 3" x 4 3/4" <input type="checkbox"/> 4 1/4" x 4 1/4" <input type="checkbox"/> 4' x 8"</p> <p>Alginate Wound Filler (rope): <input type="checkbox"/> 1" x 12" <input type="checkbox"/> 1" x 18"</p> <p>Collagen Dressing: <input type="checkbox"/> 4 3/4" x 4 3/4"</p> <p>Composite Dressing: <input type="checkbox"/> 2" x 3" <input type="checkbox"/> 3" x 4" <input type="checkbox"/> 3" x 8"</p> <p>Foam Dressing: <input type="checkbox"/> 4" x 4" <input type="checkbox"/> 6" x 6" <input type="checkbox"/> 8" x 8"</p> <p>Hydrocolloid Dressing: <input type="checkbox"/> Thick <input type="checkbox"/> Thin <input type="checkbox"/> 4" x 4" <input type="checkbox"/> 6" x 6" <input type="checkbox"/> 8" x 8"</p> <p>Hydrogel: <input type="checkbox"/> 3 oz. tube <input type="checkbox"/> Other: _____</p> <p>Specialty Absorptive Dressing: ABD <input type="checkbox"/> 5" x 9" <input type="checkbox"/> 8" x 10" Exudry <input type="checkbox"/> 4" x 6" <input type="checkbox"/> 6" x 9"</p> <p>Transparent Film: <input type="checkbox"/> 2 3/8" x 4" <input type="checkbox"/> 4" x 4 3/4" <input type="checkbox"/> 4" x 5 1/2" <input type="checkbox"/> 6" x 8" Other: _____</p> <p>Elastic Tubular Bandage (cotton, non-latex blend)</p> <p>Body Area: <input type="checkbox"/> finger <input type="checkbox"/> toe <input type="checkbox"/> hand/wrist <input type="checkbox"/> arm <input type="checkbox"/> foot/ankle <input type="checkbox"/> leg - calf <input type="checkbox"/> leg-thigh <input type="checkbox"/> chest <input type="checkbox"/> abdomen <input type="checkbox"/> head</p>
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Wound Assessment & Dressing Change Order

	Wound 1	Wound 2	Wound 3
Wound Site			
Wound Type (i.e., surgical, pressure ulcer, etc.)			
Wound Size L x W x D (cm)			
Pressure Ulcer Stage	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Drainage Amount	<input type="checkbox"/> small <input type="checkbox"/> moderate <input type="checkbox"/> large	<input type="checkbox"/> small <input type="checkbox"/> moderate <input type="checkbox"/> large	<input type="checkbox"/> small <input type="checkbox"/> moderate <input type="checkbox"/> large
Dressing Used / Size / Amount (qty)	1.		
	2.		
	3.		
Frequency of Change			

Physician Name: _____ NPI: _____ Phone: _____

Address: _____

Physician Signature: _____ Date: _____

(no signature / date stamps)