

# Barnes Healthcare Services

We Take Care of People™

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**Fax Form & Face Sheet To: 1-866-548-0705**

**For Information Call: 1-800-422-5059**

## Sved /Svedman NPWT Order Form

### Section A - Referral Information

Form completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Referral Date: \_\_\_\_\_

### Section B - Patient Information

Patient Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (mi) \_\_\_\_\_

Address: \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Phone #: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Delivery Address: \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Delivery Phone #: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Language: \_\_\_\_\_

### Section C - Physician's Order and Prescription Information

#### **MUST BE COMPLETED BY PHYSICIAN'S OFFICE**

I prescribe Negative Pressure Wound Therapy for \_\_\_\_\_ months beginning on (date) \_\_\_\_\_  
for the following diagnosis (ICD-9 code or narrative) \_\_\_\_\_.

70 mmHg  120 mmHg  150 mmHg  Continuous  Intermittent

This includes up to 15 Therapy Dressings per month and up to 10 Therapy Canisters per month.

By my signature I attest that a complete wound therapy program has been tried or considered and ruled out prior to application of negative pressure wound therapy.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section D - Referring Physician

Name: \_\_\_\_\_

Address: \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ UPIN/NPI #: \_\_\_\_\_

Will this physician continue to follow patient in home setting? Yes  No  If no: \_\_\_\_\_

### Section E - Expected Outcome

Assist granulation tissue formation  Flap  Graft  Delayed primary closure

### Section F - Patient Care Information

Where will NPWT be used:  Nursing Facility  LTAC  Rehab  Private Residence  Other

If facility, Name of Facility: \_\_\_\_\_

Organization providing patient's dressing changes: \_\_\_\_\_

Address: \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

### Dressing Types Requested:

Black Foam Dressing Kit:  
 Small (10cm x 8cm x 3cm)  Medium (20cm x 12.5cm x 3cm)  Large (25cm x 15cm x 3cm)  Extra Large (58.5X33.3cm)  
 Y Connectors  Drape Only  Speed Connect Tubing  White Foam



