

Barnes Healthcare Services

We Take Care of People™

www.barneshc.com

1-800-422-5059

1-866-815-7075 FAX

TO: _____ FROM: _____

FAX: _____ # Pages (Including Cover): _____

PHONE: _____ DATE: _____

RE: _____

New Patient Information Fax Cover Sheet

NPWT Order Form (*Completed and Signed*)

Face Sheet

Supporting H & P (*History & Physical... 30 days prior to wound vacuum placement*)

Comments: _____

Urgent For Review Please Comment Please Reply

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