

Barnes Healthcare Services

We Take Care of People™

www.barneshc.com

1-800-422-5059 Central Intake

1-866-815-7075 FAX

SVEDMAN® SVED®

Negative Pressure Wound Therapy System

Facility Consignment Reporting Form / Order Form

When pump is placed on or removed from a patient please provide the following information to Barnes Healthcare Services. This information may be called in to 800-422-5059 or faxed to 866-815-7075.

Facility Name: _____

Patient Name: _____

Room #: _____

Pump Serial #: _____ PO #: _____

Pump Start Date: _____

Name of person providing information:

Phone Number: _____

Date Called / Faxed In: _____

Pump End Date: _____

Name of person providing information:

Phone Number: _____

Date Called / Faxed Out: _____

Please send the following to:

Facility Name: _____

SVEDMAN® NPWT (indicate # of units needed): _____

SVED® Portable (Indicate # of units needed): _____

Canisters: 300cc (# of cases needed): _____ 1200cc (# of cases needed): _____

Dressings: Small _____ Medium _____ Large _____

Other: _____

Disposables will be billed by the case at contracted rate when delivered.