Byram HEALTHCARE®

Facility Name:_____ **Referral #**

Customer Service **(800) 649-9882, x33447** **Fax** **800-642-4639**

Patient

☐ Re-order ☐ Face Sheet Attached Order Date _____ ___ of ___

Name (L) _____ (F) _____ Ordered by _____

Address _____ Apt # _____ ☐ Male ☐ Female D.O.B. _____

City _____ St ___ Zip _____ Cell # (___) _____

Primary Ins _____ Policy # _____ GP # _____

Other Ins _____ Policy # _____ SSN _____

Ins Tel # (___) _____

Pt. email _____ Referral Phone _____

Dr. / Prescriber

☐ _____ _____ _____ ☐ _____ _____ _____ ☐ _____ _____ _____

By signing this form, I confirm the physician signature corresponds to the name and NPI detailed above and that I am prescribing the items and quantities listed below.

Signature X _____ **Date** _____

Duration of Need - 3 months unless indicated otherwise **Other** _____ **(mths)**

Wound Location

	Days Supply 15	Days Supply 30	Diagnosis - ICD.10	Drainage Dry	Lt	Mod	Hvy	Dimensions (cm's) Length	Width	Depth	Thickness Part	Full
1 _____	☐	☐		☐	☐	☐	☐				☐	☐
2 _____	☐	☐		☐	☐	☐	☐				☐	☐
3 _____	☐	☐		☐	☐	☐	☐				☐	☐
4 _____	☐	☐		☐	☐	☐	☐				☐	☐

Starter Kits Wnd# 1 ☐ 2 ☐ 3 ☐ 4 ☐

Starter Kits contain (3) primary dressings, (3) sterile conforming bandages 3" and (1) roll paper tape 2".

Amount per dressing change equals one unless stated otherwise.

Medical Record - please be sure the chart notes contain medical justification to support this order and specify the type of debridement on non-surgical wounds (sharp, autolytic, enzymatic, mechanical, etc.)

Stalled	Bioburden	Thickness: Partial	Thickness: Full	Drainage: Mod	Drainage: Heavy	Wound Size (S.I.)	Primary Dressing	Secondary Dressing		Change Freq. Guideline (up-to)	Change Freq. (If blank use Guideline)	Wound # 1	2	3	4
						4	Collagen	2 x 2	Conforming Bandage St. 3"	Daily		☐	☐	☐	☐
						16		4 x 4	plus 2' paper tape			☐	☐	☐	☐
						49		7 x 7				☐	☐	☐	☐
						4	Collagen Ag	2 x 2				☐	☐	☐	☐
						16		4 x 4				☐	☐	☐	☐
						49		7 x 7				☐	☐	☐	☐
						4	Collagen	2 x 2	Superabsorber 3.5 x 4			☐	☐	☐	☐
						16		4 x 4	with Border 6 x 7			☐	☐	☐	☐
						49		7 x 7	8 x 10			☐	☐	☐	☐
						4	Collagen Ag	2 x 2	3.5 x 4			☐	☐	☐	☐
						16		4 x 4	6 x 7			☐	☐	☐	☐
						49		7 x 7	8 x 10			☐	☐	☐	☐
						4	Alginate	2 x 2	Conforming Bandage St. 3"			☐	☐	☐	☐
						20		4 x 5	plus 2' paper tape			☐	☐	☐	☐
						4	Alginate Ag	2 x 2				☐	☐	☐	☐
						20		4 x 5				☐	☐	☐	☐
						16	Superabsorber	4 x 4				☐	☐	☐	☐
						40		6 x 10				☐	☐	☐	☐
						9	Superabsorber	3 x 3	Foam Silicone 4 x 5	Q3D		☐	☐	☐	☐
						16		4 x 4	plus 2' paper tape 6 x 6			☐	☐	☐	☐
						2	Foam Silicone	2 x 2	Conforming Bandage St. 3"			☐	☐	☐	☐
						12		4 x 5	plus 2' paper tape			☐	☐	☐	☐
						36		8 x 8				☐	☐	☐	☐
						2	Foam Silicone Ag	2 x 2				☐	☐	☐	☐
						12		4 x 5				☐	☐	☐	☐
						36		8 x 8				☐	☐	☐	☐
Other									☐ Dispense as Written			☐	☐	☐	☐

Compression - Only covered with open venous stasis ulcer

DX1 _____ DX2 _____

	mmHg	Ankle	Mid-Calf	Heel/Back Knee	Style	Brand
Right	☐ 30-40	___ cm	___ cm	___ cm	☐ Calf ☐ Open ☐ Above	☐ CompreFlex Lite* ☐ ReadyWrap ☐ Juzo ☐ JuxtaLite* ☐ Jobst ☐ Medi Dual Layer
Left	☐ 30-40	___ cm	___ cm	___ cm	☐ Ankle ☐ Closed ☐ Below	☐ Carolon ☐ Sigvaris ☐ Farrow*

* One per six (6) months per leg.

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