Byram® HEALTHCARE

Account Name:
Referral #:
Customer Service Phone:
Customer Service Fax:
Customer Service Email:

❑ Patient Demographic Sheet Attached.

❑ Reorder **Agency Code:**

Order Date: _____ Discharge Date: _____

Nurse: _____ Agency Phone #: _____

Ordered by: _____ Agency Fax #: _____

Patient First Name: _____ **Patient** Last Name: _____ ❑ Male ❑ Female

DOB: _____ Patient SSN#: _____ Patient Email: _____

Patient Phone: _____ Patient Cell: _____

Patient Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Medicare#: (Post Discharge Only) _____ Medicaid #: _____

Other Ins: _____ Policy #: _____

Ins Phone #: _____ Group #: _____

Dr/Prescriber:

First Name Last Name NPI Phone

Wound(s)	Days / Supply		ICD 10	Dimensions (cms)			Drainage				Thickness	
Location (be specific)	15	30		Length	Width	Depth	Dry	Lt.	Mod	Hvy	Part	Full
W1	❑	❑	_____	_____	_____	_____	❑	❑	❑	❑	❑	❑
W2	❑	❑	_____	_____	_____	_____	❑	❑	❑	❑	❑	❑
W3	❑	❑	_____	_____	_____	_____	❑	❑	❑	❑	❑	❑

Amount per dressing change equals one unless stated otherwise.

		Check Dressing Size				Change Freq	Wound Number W1	W2	W3	Brand
ABD	Sterile ❑	Non-str ❑	5x9 ❑	8x10 ❑			❑	❑	❑	_____
Alginate	Ag ❑	2x2 ❑	4x5 ❑	Rope ❑			❑	❑	❑	_____
Collagen	Ag ❑	2x2 ❑	4x4 ❑	7x7 ❑			❑	❑	❑	_____
Conform bandage	Sterile ❑	Non-str ❑	3" ❑	4" ❑			❑	❑	❑	_____
Gauze Pads 12-Ply	Sterile ❑	Non-str ❑	2x2 ❑	4x4 ❑	6" ❑		❑	❑	❑	_____
Foam Silicone	Ag* ❑	2x2 ❑	4x5* ❑	6x6* ❑			❑	❑	❑	_____
Foam Silicone		4x8 ❑	6x6 ❑	6x8 ❑			❑	❑	❑	_____
Foam Silicone w/Bord	Ag ❑	4x4; 2x2 ❑		6x6; 4x4 ❑			❑	❑	❑	_____
Hydrocolloid		4x4 ❑	6x6 ❑	6x8 ❑			❑	❑	❑	_____
Hydrogel		Ag ❑	3 oz ❑				❑	❑	❑	_____
Impregnated Gauze	Xeroform ❑	Adaptic ❑	3x3 ❑	3x8 ❑	5x9 ❑		❑	❑	❑	_____
Packing Strips	Iodoform ❑	1/4" ❑	1/2" ❑	1" ❑	2" ❑		❑	❑	❑	_____
Roll Gauze 4"	Sterile ❑	Non-str ❑	AMD ❑				❑	❑	❑	_____
Super Absorbent Pad		4x4 ❑	4x9 ❑	8x9 ❑			❑	❑	❑	_____
Unna Boot w/zinc oxide		3" ❑	4" ❑				❑	❑	❑	_____

Notes: _____

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 ❑	JuxtaLite† ❑ Jobst ❑ Medi ❑
	40-50 ❑				Ankle ❑	Closed ❑	Below ❑	
Left	30-40 ❑	_____ cm	_____ cm	_____ cm	Calf ❑	Open ❑	Above ❑	Carolon ❑ Sigvaris ❑ Farrow† ❑
	40-50 ❑				Ankle ❑	Closed ❑	Below ❑	

†One per six (6) months per leg.

Ostomy DX1 _____ DX2 _____

	Brand Preference	Order Number	Frequency of Use	Qty/Mnth
Pouch: Drain ❑ Closed ❑ Urostomy ❑	_____	_____	_____	_____
Skin Barrier w/flange (required with two-piece pouch)	_____	_____	_____	_____

Notes: _____

	Qty/Mnth		Frequency of Use	Qty/Mnth
Skin Barrier Wipes No-Sting (25/Bx)	_____	Rings 2" ❑ 4" ❑	_____	_____
Adhesive Remover Wipe No-Sting (25/bx)	_____	Deoderant 8 oz	_____	_____
Powder: Pectin 2oz ❑ Karaya 4.5 oz ❑	_____	Paste 1 oz	_____	_____
Belt: Medium ❑ Large ❑	_____	Night Drainage Unit: Bottle ❑ Bag ❑	_____	_____

Urology DX1 _____ DX2 _____

		Frequency of Use	Qty/Mnth
Intermittent Cath: Silicone ❑ Red Rubber ❑ PVC ❑ Straight Tip ❑ Coudé ❑	Fr_____	_____	_____
Intermittent Cath (closed system): Include insertion supplies ❑ Straight Tip ❑ Coudé ❑ Foley:	Fr_____	_____	_____
Silicone ❑ Latex ❑ Two Way ❑ Three Way ❑	Fr_____	_____	_____
Insertion Tray: w/bag ❑ w/o bag ❑ 10cc ❑ 30cc ❑		_____	_____
Male Ext Cath: Sm ❑ Md ❑ Lg ❑ XL ❑		_____	_____
Urine Collection Bag: Leg w/velcro straps 19oz ❑ 25oz ❑ Night Drainage 2000cc ❑		_____	_____

Other: _____

Tape Paper ❑ Waterproof ❑ Silk ❑ 1" ❑ 2" ❑ Hypafix: 2" ❑ 4" ❑ Qty (rolls): _____

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