HealthCare
Pharmacy Services

Phone: 859.218.5363
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Website: www.ukdme.org

UK DME Fax Order Form
Wound Care

740 S Limestone, K126 Lexington, KY 40536

PATIENT INFORMATION

Order Date: _____ MRN: _____

Patient Name: _____ Date of Birth: _____

Address: _____

Email Address: _____ Phone #: _____

DME Wound Care Fax Order Form

Medicare has implemented the requirement for patient Face to Face (F2F) visit prior to dispensing DME. Suppliers are required to obtain chart notes from the visit AND obtain a written order PRIOR to delivery that consists of the item **AND:** 1) Patient Name 2) Date Prescribed 3) Physician Signature 4) NPI 5) WOPD

DURABLE MEDICAL EQUIPMENT

Diagnosis (Include Code) _____ Height _____ Weight _____ Length of Need _____

******Please note this is not an exhaustive list; for additional items, please use the Other section below******

Bandages and Dressings:

- ☐ 4X4 Gauze Sponges **QTY:** _____
- ☐ ABD Pads **QTY:** _____
- ☐ 4" Gauze rolls **QTY:** _____
- ☐ 2" Stretch Gauze Bandage **QTY:** _____
- ☐ 4" Stretch Gauze Bandage **QTY:** _____
- ☐ 4" PolyMem **QTY:** _____
- ☐ 6" Sof-Roll Padding **QTY:** _____
- ☐ 4"Elastic Wraps **QTY:** _____
- ☐ 6"Elastic Wraps **QTY:** _____

Adhesives and Tapes:

- ☐ 1" Transpore Tape **QTY:** _____
- ☐ 1" Silicone Tape **QTY:** _____
- ☐ 4"Self-Adherent Wrap **QTY:** _____

Additional Wound Care Items Not Listed:

- _____ **QTY:** _____
- _____ **QTY:** _____
- _____ **QTY:** _____
- _____ **QTY:** _____
- _____ **QTY:** _____

Saline and Cleansers:

Please include the mL per supply change

- ☐ Saline Sticks **QTY:** _____
- ☐ 250 mL bottle **QTY:** _____
- ☐ 100 mL bottle **QTY:** _____

Specialty Dressings:

- Rooke Below-Knee Protector **QTY:** _____
- Rooke Above-Knee Protector **QTY:** _____

Generic substitutions are allowed: **Yes** _____ **No** _____

****Patient is required to change their wound supplies _____ time(s) per_____. ****

PRESCRIBING PROVIDER INFORMATION

Provider Name: _____ NPI: _____

Provider Signature: _____ Date: _____

Provider Phone #: _____ Fax #: _____

Contact Name: _____ Contact Phone #: _____