

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 #: _____

STATEMENT OF CONFIDENTIALITY

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