HealthCare
Pharmacy Services

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# 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 #: _____