



# Negative Pressure Wound Therapy Order Form

Referred By: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician's Full Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Patients Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Ht/Wt: \_\_\_\_\_

## PRODUCTS

Negative Pressure Wound Therapy System with 15 Kits (A6550) & 10 Canisters (A7000)

Length of Need in Months: 1 2 3 4 Other \_\_\_\_\_

## THERAPY SETTINGS

Continuous Mode (40 mmHg – 200 mmHg) \_\_\_\_\_ mmHg

Variable Intermittent Mode

Low Pressure (40-200) \_\_\_\_\_ mmHg Cycle Time (1 minute increments) \_\_\_\_\_

High Pressure (40-200) \_\_\_\_\_ mmHg Cycle Time (1 minute increments) \_\_\_\_\_

Notes: \_\_\_\_\_

Other Orders: \_\_\_\_\_

## DIAGNOSIS

Wound Type: \_\_\_\_\_ Diagnosis Code(s): \_\_\_\_\_ Stage (if applicable) \_\_\_\_\_

Other Contributing Diagnoses: \_\_\_\_\_

## CLINICAL INFORMATION

- Y N N/A 1. Is the patient being seen regularly by a nurse, physician or other licensed practitioner?
- Y N N/A 2. Has a care plan been established including ongoing nutritional assessments and consistent interventions?
- Y N N/A 3. Is the wound full thickness?
- Y N N/A 4. Is the moisture/incontinence being appropriately managed?
- Y N N/A 5. Has the wound environment remained moist?
- Y N N/A 6. Is there 20% or less eschar in the wound?
- Y N N/A 7. Has NPWT therapy ever been utilized prior? If Yes, date: \_\_\_\_\_
- Y N N/A 8. Has previous alternative treatment been tried prior to application of NPWT? If yes, what has been tried:  
\_\_\_\_\_

Order Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

By signing above I am authorizing the order of a Negative Pressure Wound Therapy System as medically necessary for the patient listed above. I am also proclaiming that all other applicable healing treatments have been attempted or considered and ruled out. I have read and understand all safety information and instructions for use included with this specific product as well as the systems it is contraindicated for: patients with malignancy of the wound, untreated osteomyelitis, non-enteric or unexplored fistulas, or necrotic tissue with the presence of eschar. Dressings for the Negative Pressure Wound Therapy system should never be placed directly in contact with exposed blood vessels, anastomotic sites, organs or nerves. I prescribe the Negative Pressure Wound Therapy system and up to 15 dressings per wound and 10 canisters per month. \*Physician Signature covers all sections on NPWT Order Form and Statement of Ordering Physician