

Fax: (866) 991-6282

Patient N	lame:			TWS:								
Facility:					Phone:							
(Please include the Patient Information Sheet with the order form.)												
Co	mpressio			Wound Information								
Circle Appropriate Right Leg Left Leg				Wound 1 Wou				nd 2 Wound 3				
ICD 9 →				Wound Stage II III IV								
<u>Yes</u> Mus	t Be Circle	d Below T	o Qualify	Size of Wound								
Open Venous			Location of Wound									
Stasis Ulce	Stasis Ulcer? YES N		NO	Is Wound Debrided?								
Is Wound			Duration of Need -		30/60/90		30/60/90		30/60/90			
Debrided? YES NO												
				INDIVIDUAL DRESSING INFORMATION – CREATE A PACK Drainage Type Frequency 1 2 3								
			0.1: 41: (Drainage Type			Frequency		2	3		
Class II Class III			Calcium Alginate	-			Daily					
		ommHg	Calcium Alginate Rope	Mod/Heavy		L	Daily					
				Calcium Alginate	Mod/Heavy		Daily					
			With Silver	Wodricavy			July					
Size/ Color Size		/ Color	Select Silver	†			3 X Week					
ABCDEAB		А В	CDE	Collagen			12/1	15/Daily				
Beige or Black Beige or		or Black	Collagen/Silver			12/1	12/15/Daily					
Ankle	e Calf Cir.			Hydrogel Gauze	Light/Mod		[Daily				
7" – 8"	10" - 13"		Α	Hydrogel Gel	Light	Light/Mod		Oz.				
8" – 9"			В	Silver Gel	Light/Mod		3 X	Week				
9" – 10"			С	Hydrocolloid	Light/Mod			Week				
10" – 11"			D	Foam	Mod/Heavy			Week				
11" – 12"			E	Foam With Border	Mod/Heavy		3 X	Week				
12" - 13"			F	Telfa AMD				Daily				
	13" - 14" 22" 25"		G	Gauze		Daily						
Patient currently being seen by				ABD Pad				Daily				
Home Health? 🗆 Yes 🗆 No				Kerlix AMD	4: /0	Daily 1in/2in/4in Daily						
ASSIGNMENT OF BENEFITS				Таре	1in/2	ın/4ın	Daily					
I request that all payments from any insurance carrier, including Medicare, Medicaid or private				OTHER PRODUCTS								
insurance company be made on my behalf to											3	
Tidewater Medical Inc (TWM) for any equipment, supplies or services provided to me by TWM. I				TheraGauze 2x2								
authorize the release of my medical information to HCFA and/or my insurance carrier and its agencies				TheraGauze 4.125x4.125								
for the purpose of review of healthcare benefits for				TheraGauze 4.125x4.125 Fenestrated								
the determination of payment. This authorization will remain in effect until written notification by myself or												
my legal representative has been received.												
Patient/Caregiver Signature Date												
Physician Name NPI #												
Physician Signature Date												

For additional information call us at 888-858-9988 or visit www.totalwoundcaresolutions.com