

# PHYSICIAN'S ORDER/CMN FOR NEGATIVE PRESSURE WOUND THERAPY

Rehab Technologies, LLC Phone: 1(800)237-6708

Please fax along with Patient Information to: 1 (888) 532-4008

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**A Prescriber Information:** Negative Pressure Wound Therapy (NPWT) electrical pump-E2402 (i.e. Deroyal PRO-II, Genadyne XLR8+) is being prescribed for the following wound types:

Pressure Ulcers  Diabetic Ulcers  Venous Ulcers  Arterial Ulcers  Surgical Created  Other \_\_\_\_\_

Narrative description specifying wound etiology and including anatomical location(s): \_\_\_\_\_

**B Length of need: (Please Check One)**  1 month  2 months  3 months  4 months  other (weeks) \_\_\_\_\_

Includes up to 15 NPWT dressing kits (A6550) per wound per month and up to 10 NPWT canisters (A7000) per month.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date to start home use of NPWT (Required)

**Goal at the completion on NPWT: (Required)**

Assist in granulation tissue formation  Flap  Graft  Tertiary Closure (Delayed Primary)

**C Deliver To: (Please Check One)**  Residence  Wound Care Center  SNF/LTAC  Hospital  Other \_\_\_\_\_

Home Health Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**D Negative Pressure Wound Therapy Mode: (Please Check One)**

Continuous at -125mmHg or \_\_\_\_\_ mmHg

Variable or Intermittent: High Pressure \_\_\_\_\_ mmHg: Time \_\_\_\_\_ Low Pressure \_\_\_\_\_ mmHg: Time \_\_\_\_\_

**E Supplies: (Please Check Two)**

Includes up to 15 NPWT dressing kits (A6550) per wound per month and up to 10 NPWT canisters (A7000) per month.

3 Dressing changes per week or  \_\_\_\_\_ Dressing changes per week

NPWT Black/Green Foam Dressing Kits  Other: \_\_\_\_\_

Additional: \_\_\_\_\_

## Physician Information:

\_\_\_\_\_  
**Physician Signature:** (no stamps please)

\_\_\_\_\_  
**Date:** (no stamps)

\_\_\_\_\_  
**Physician Name:** (print please)

\_\_\_\_\_  
**NPI**

By my signature, I attest that negative pressure wound therapy is medically necessary and all other applicable treatments have been tried or considered and ruled out. Negative pressure wound therapy is contraindicated with malignancy in the wound, untreated osteomyelitis, non-enteric unexplored fistula and/or necrotic tissue with eschar present. I am not placing negative pressure wound therapy dressings over exposed blood vessels or organs.