

INSERT LETTERHEAD HERE

Alginate Detailed Written Order Form

Patient's Name: \_\_\_\_\_

Patient's ID: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**FOOT: (RIGHT LEFT BILATERAL)**

Number of Wounds: \_\_\_\_\_

Wound Measurements: \_\_\_\_\_

Location of Wounds: \_\_\_\_\_

Expected Duration of treatment: \_\_\_\_\_

Frequency of change: \_\_\_\_ q24h \_\_\_\_ q48h \_\_\_\_ q72h

No Refills

**Rx Alginate products**

30 unit(s) (A6196) Alginate or other fiber gelling dressings,  
wound cover, sterile, pad size 16 sq in or less, each dressing

\_\_\_\_ Calcium \_\_\_\_ Silver

\_\_\_\_ 2x2 \_\_\_\_ 4x4

**Rx Secondary dressing products**

\_\_\_\_ unit(s) (A6219) Gauze, Non-Impregnated, Sterile, Pad  
Size 16 Aq. In. Or Less, With any size adhesive border, each  
dressing

\_\_\_\_ 2x2 \_\_\_\_ 4x4

\_\_\_\_ unit(s) (A6220) Gauze, non-impregnated, sterile, pad size  
more than 16 sq in, but less than or equal to 48 sq in, with any  
size adhesive border, each dressing

\_\_\_\_ 6x6

60 unit(s) (A6402) Gauze, Non-Impregnated, Sterile, Pad Size  
16 sq. In. Or Less, without adhesive border, each dressing \_\_\_\_

2x2 \_\_\_\_ 4x4

\_\_\_\_ unit(s) (A6252) Specialty absorptive dressing, wound  
cover, sterile, pad size more than 16 sq in but less than or equal  
to 48 sq in, without adhesive border, each dressing \_\_\_\_ 5x9

\_\_\_\_ unit(s) (A6446) Conforming bandage, non-elastic,  
knitted/woven, sterile, width greater than or equal to three  
inches and less than five inches, per yard

\_\_\_\_ 4"x4.1 yards

\_\_\_\_ unit(s) (A4452) Tape, waterproof, per 18 square inches

1 unit(s) (A6260) Wound cleanser, any type, any size

**DIAGNOSIS (MUST match chart)**

**DX:**

\_\_\_\_ (T81.31A) Surgical wound

\_\_\_\_ (T81.30XS) Disruption of surgical wound

\_\_\_\_ (R60.0) Edema

\_\_\_\_ (E11.42) Type II diabetes with polyneuropathy

\_\_\_\_ (E11.621) Type II diabetes with foot ulcer

\_\_\_\_ (I73.89) Other specified peripheral vascular diseases

**Ulcer**

\_\_\_\_ (L97.512) Non-Pressure chronic ulcer of other part of right  
foot with fat layer exposed

\_\_\_\_ (L97.522) Non-Pressure chronic ulcer of other part of left  
foot with fat layer exposed

**THERAPEUTIC OBJECTIVE**

\_\_\_\_ Facilitate Soft Tissue Healing

\_\_\_\_ Complete Wound Closure

\_\_\_\_ Infection control

\_\_\_\_ Palliative Care

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

NPI: \_\_\_\_\_

Physician: \_\_\_\_\_

Other Ordering Physician: \_\_\_\_\_

Other Physician NPI: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Alginate 2x2 or 4x4 (A6196): 30 units

Border Gauze 4x4 (A6219): 30 units

Border Gauze 6x6 (A6220): 30 units

Sterile Gauze 4x4 (A6402): 60 units

ABD pad 5x9 (A6252): 30 units

Conform Gauze 4"x4.1yd (6446): 120 units

Tape 2"x10yd (A4452): 80 units

Wound Cleanser (A6260): 1 unit