Hand Injury Wound/Scar Hydrogel Sheeting Prescription

INSURANCE INFORMATION

PATIENT INFORMATION

Patient Name	Primary ins Co			
Address		ID #		Tel
City	State Zip	Group or Claim #		
Tel Patient notified of order Date of Birth		Secondary Insurance Co ID #Tel		
Responsible Party	Tel	Address		
Caregiver	Tel	City		State Zip
Is patient being seen by Ho	ne Health Agency?	Ordering Physician_		
Avogel NDC Codes: :		Fax		Tel
		Patient Next Appointment: —-Weeks ——Months		
	OUND: ICD 10			
CLOSED WOUND AND	SCAR ASSESSMENT:			
Wound Location \	Туре	Length cm	Width cm	Initial Thickness/Stage
1. L / R	CLOSED			Partial Full
2. L/R	CLOSED			Partial Full
3. L/R	CLOSED			Partial Full
Freq. of Changes: We	ekly,	Secure with :	Surgilast (or	equiv) or compression garment
Instructions : Apply A	vogel to wound 18 hours /day; Reuse Avo	ogel dressing for 5-7 d	lays; Replace	e Avogel 5-7 days
Total Avogel	sheets for 30-DAY supply;; D Signature and Title	Duration of ne		ays □ 60 days □ 90 days
hysician's Signature (Requ	uired)			Date: