



AMNIOTIC MEMBRANE

Amniotic Membrane



Amniotic Membrane is made from human placental tissue.

- Placental tissues are known to contain collagen substrates, growth factors and extracellular matrix proteins recognized as part of the complex wound healing process.
- Minimally processed to preserve the structure and contents of the native tissues including growth factors, hyaluronic acid, interleukins and other cytokines.
- Intended for homologous use to supplement a recipient's tissue while providing a wound covering and support for native tissue.

FDA issued Tissue Reference Group (TRG) confirmation 2021.

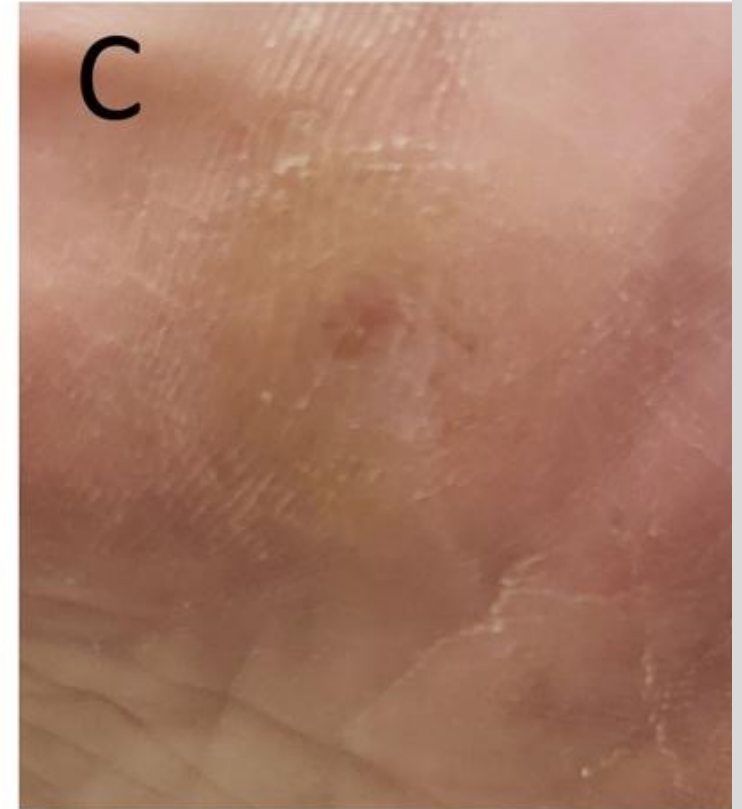
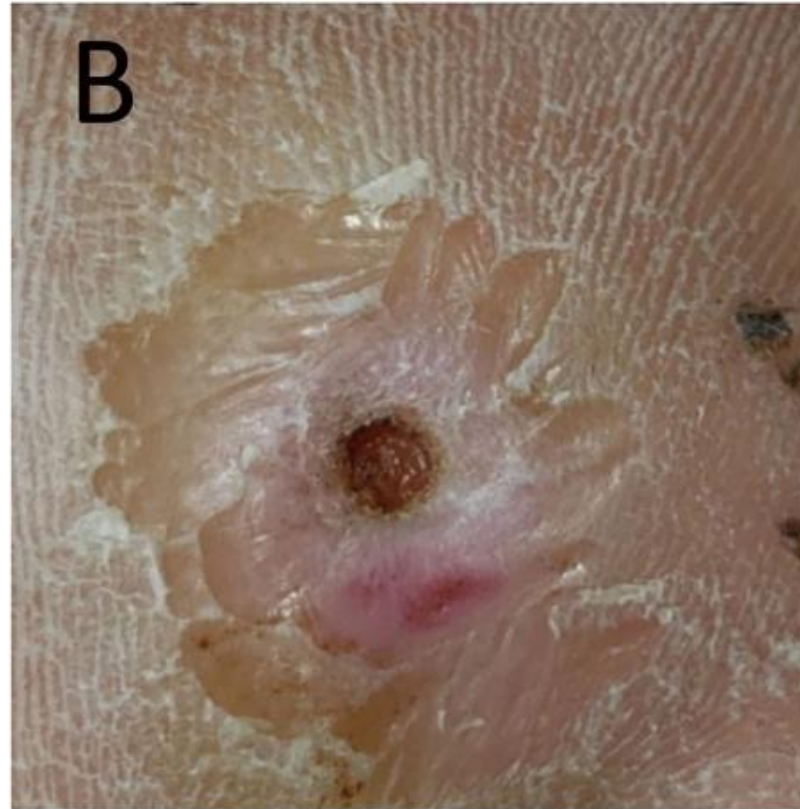
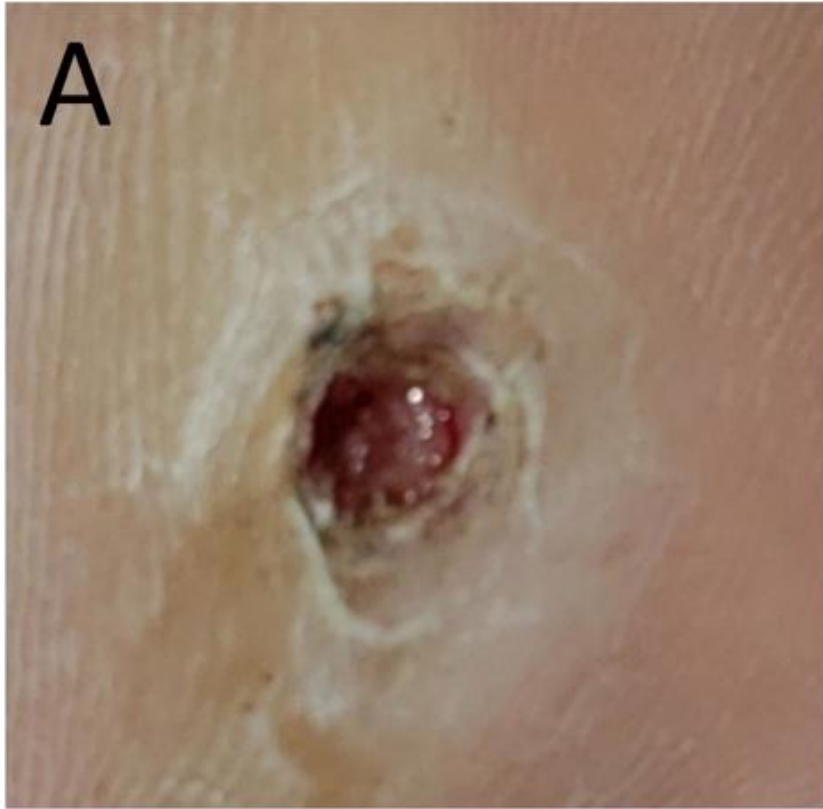
Applications may include:

- Acute & Chronic Wounds
- Diabetic foot ulcers
- Venous leg ulcers
- Pressure Ulcers
- Burns & Trauma Wounds

Features:

- Easily cut and shaped
- No specific orientation required
- Resorbable barrier
- Sterile
- Room temp storage
- 5 year shelf life





CASE STUDY: DFU

- Chronic DFU failed to heal after 4 weeks of conservative therapy.
- Healed with 4 applications.

CASE STUDY: Post BKA Trauma

- 92 sq cm post BKA wound: Healed with 7 applications of amniotic membrane





CASE STUDY: VLU

- 78 y/o with h/o venous insufficiency and venous stasis ulcers. Hit her left leg on car door and stump. Patient
- administered santyl ointment. Proximal leg ulceration 2cm x 1.6cm x 0.1. 30% necrotic tissue, 40% granulation
- Tissue, 30% slough. No erythema or purulence. No signs of infection. Completed bilateral noninvasive Quantaflo PAD test with normal range reading. 8 applications of Amniotic Membrane for closure.

Case Study: Pressure Ulcer



Pressure Ulcer Patient: Healed with 8 applications of an Amniotic Membrane.



Wound Care Graft Request Form

Date: _____ Request From/Title: _____

Co./Agency: _____ Type & Location: _____

Patient Name: _____ (M) _____ (F) _____

Address: _____

Residence type: home, group home, etc.: _____

Phone Number(s):(home): _____ (cell): _____ (other): _____

Emergency Contact: _____ Relation: _____ Phone: _____

2nd Contact: _____ Relation: _____ Phone: _____

Contact & Scheduling Instructions: _____

Request Wound Care Requirements Checklist

Referring a patient for **mobile advanced wound care** is fast and simple. Just send the below data with this request (and referral if needed for advantage plan) to get a patient the wound care they need.

Wound Characteristics

- Wound not showing measurable progression for 4 weeks
- 1cm x 1cm or larger in size
- Clean and free of necrotic debris
- Specify if: (Circle one)
Partial or Full thickness ulcer

Required Documentation

4 weeks of conservative care. Include all of following done:

- Wound Assessment/Wound Cleansing
- Application of dressing
- Debridement; Oxygenation
- Offloading/re-positioning to relieve pressure off the wound.
- Circle: Partial or Full thickness ulcer
- Wound measurements, treatment history & photos if can

Include:

- Primary and Secondary insurance info. (Card copies very helpful)

HELPFUL DOCUMENTATION (Optional)

This information is extremely helpful and allows our team to process the referral more efficiently.

- Applicable labs for last 3 months (If diabetic most recent HbA1c)
- History and Physical
- If Post-surgical wounds: need an order for Mobile Wound Care MD to evaluate and treat any wounds from previous surgeries.
- Any previous ABI/Vascular/Imaging

Call, email or fax Machele @281-820-9462 fx: 281-820-0769 email: info@universalintegratedhealthcare.com



Please Contact:

Universal Integrated Healthcare Email:

info@universalintegratedhealthcare.com Direct

contact number: 281-820-9462

Fax: 281-820-0769

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