



Clinic Name	
Clinic Phone #	Clinic Fax #

FAX # 888-655-6244

Order Date:	Patient Name
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Fax or email with Patient Information Sheet
orders@halodme.com Phone # 888-711-2014

Have patient's wound/s ever been debrided? (Debridement is required by Medicare)	YES / NO	REP ID #	Web	Is patient currently seen by Home Health?	YES / NO
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WOUND INFORMATION	ICD-10 / Description	Wound Thickness	LOCATION	Wound Size (cm) (L x W x D)	Drainage (Exudate)
	Wound 1:	Partial or Full			N L M H
	Wound 2:	Partial or Full			N L M H
	Wound 3:	Partial or Full			N L M H
	Wound 4:	Partial or Full			N L M H

DRESSING SUPPLIES	Dressings Requested (Please Circle Size Requested)	Drainage Required	Max Units Per Month unless Spec.	Frequency of Change Daily unless Spec.	Wound Number (X for supplies)			
					Wound #1	Wound #2	Wound #3	Wound #4
	Collagen w/ Silver: (2x2) (4x4) (8x8)	Low/Mod	30					
	Collagen: (2x2) (4x4) (8x8)	Low/Mod	30					
	Collagen Powder (1 gram)	Low/Mod	30					
	Calcium Alginate w/ Silver: (2x2) (4x4) (6x6) (4x8) Other: _____	Mod/Heavy	30					
	Calcium Alginate: (2x2) (4x4) (6x6) (4x8) Other: _____	Mod/Heavy	30					
	Gelling Fiber w/ Silver: (2x2) (4x4) (6x6) (4x8) Other: _____	Mod/Heavy	30					
	Gelling Fiber: (2x2) (4x4) (6x6) (4x8) Other: _____	Mod/Heavy	30					
	Hydrogel: (3oz) (2x2) (4x5)	None/Low	3 OZ / 30					
	Foam Dressing: (2x2) (3x3) (4x4) (6x6) (8x8) (Sacral) Other: _____	Mod/Heavy	12					
	Foam w/ Border: (2x2) (3x3) (4x4) (6x6) (8x8) (Sacral) Other: _____	Mod/Heavy	12					
	ABD Pad: (5x9) (8x10) (12x16)	Mod/Heavy	30					
	Antimicrobial Roll Gauze: (4" unless Specified)	Any	30					
	Gauze Pad: (2x2) (4x4)	Any	100					
	Antimicrobial Gauze 4x4	Any	30					
	Tape (2" Paper unless specified.):	Any	2 Rolls					
	Coban (2" unless specified):	Any	30					

COMPRESSION	COMPRESSION MEASUREMENTS				COMPRESSION LEVEL	COMPRESSION WRAP	COMPRESSION STOCKINGS		
	LEG (CM's)	ANKLE	CALF	LENGTH	<input type="checkbox"/> 30-40 mmHg		<input type="checkbox"/> Juxtalite	<input type="checkbox"/> Mediven Dual Layer	
	Right				<input type="checkbox"/> 40-50 mmHg		<input type="checkbox"/> Juzo	<input type="checkbox"/> Juzo (Ulcer, Soft, Dual Stretch, Dynamic)	
	Left				<input type="checkbox"/>		<input type="checkbox"/> Farrow Basic	<input type="checkbox"/> UlcerCare	<input type="checkbox"/> Relief
	Is there an 'Active Venous Leg Ulcer'?				YES / NO		<input type="checkbox"/> ReadyWrap	<input type="checkbox"/>	

* I request that payment of my insurance benefits for any supplies be made to BioResolutions LLC. I am responsible for any balance due that is not covered by my insurance. I understand any product received in my home cannot be returned if opened. I authorize any holder of my medical information to release to BioResolutions LLC any information needed to determine benefits payable for these supplies or services. I acknowledge receipt and understanding of the patient rights that BioResolutions LLC provides to all patients.

SIGNATURE	Patient Signature:	Date:
	I attest by my signature that it is my intention for the prescription to remain valid until the diagnosis described is resolved or otherwise directed by the signer. The requested supplies are medically necessary and the wound(s) has/have been debrided and/or surgically created or modified. I have instructed the patient on how to use the supplies being requested.	
	Duration of Treatment will be 90 Days unless specified:	Signed Date:

X Provider Signature:	Signed Date:
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What is needed to process an order?

The following information is a general checklist of the items required on a standard written order (Halo form or any written order) by most insurance plans, including Medicare.

1 Qualified Wound Is Present

Medicare covers surgical/wound dressings when a qualifying wound is present. CMS defines a qualified wounds as either of the following:

- A wound caused by, or treated by a surgical procedure
- After debridement of the wound, regardless of the debridement technique

Document *debridement TYPE* used to remove devitalized or necrotic tissue from wound (examples given are not all-inclusive):



- Surgical:** sharp instruments or laser
- Mechanical:** irrigation or wet-to-dry
- Chemical:** topical application of enzymatic agents
- Autolytic:** application of an occlusive dressing to open wound

Note debridement TYPE in documentation.

2 Wound Information

- Type of wound(s) or ICD-10 Codes
- Location of each wound
- Size of wound(s) in cm (L x W x D)
- Amount of exudate

3 Treatment Plan

- Type of dressing to use
- Size of the dressings
- Amount to be used at one time
- Frequency of the dressing change
- Expected duration (up to 90 days)

4 Provider's Information

- Provider's name and NPI
- If unable to obtain signature when order is placed, please note where signature request should be sent (if it is different than clinic)

5 Patient's Demographic Info / Face Sheet

Having this information right away allows us to begin verifying insurance benefits and helps avoid any delays in shipment.