



AVOGEL INSURANCE ORDER FORM

4047 W 40th Street
Chicago, IL 60632
www.avocetcorp.com

Phone (773) 523-2872 / Fax (773) 523-2842

PATIENT INFORMATION

Patient Name _____ M / F
Address _____
City _____ State _____ Zip _____
Tel _____ Patient notified of order
DOB _____
Email Address _____

INSURANCE INFORMATION

Primary ins Co. _____
ID # _____ Tel _____
Group or Claim # _____
Referring Agency _____
City _____ State _____ Zip _____
Ordering Physician _____
NPI # _____ Tel _____

AVOGEL ORDERING GUIDELINES

Avogel is available in three sizes: (1) a 4"x4" sheet; (2) an 8"x8" sheet; and (3) a 6"x48" roll. The 8"x8" sheets are recommended for ordering because they receive the best insurance coverage. If you would like to order a 4"x4" sheet or 6"x48" roll, please contact us for special ordering.

When ordering Avogel, remember each sheet is covered by insurance for five days of use. Thus, if your patient has a scar that can be covered by one sheet, the patient will need six sheets for a thirty-day supply. The scar should be completely covered with approximately one inch overlap.

DIAGNOSIS _____	CAUSE OF WOUND _____
If Burn <input type="checkbox"/> 1 st Degree (Superficial) <input type="checkbox"/> 2 nd Degree (Partial Thickness) <input type="checkbox"/> 3 rd Degree (Full Thickness) _____% Total Body Surface Area	

WOUND ASSESSMENT Wound Location	Frequency	Type	Length	Width	Depth	Thickness/Stage	Drainage Amount
1. L / R						Partial Full II III IV	None Min Mod Heavy
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Tunneling? Yes _____ cm Undermining Wound Debrided? Yes? When? _____ Infection? Yes

Suggested Treatment Plan _____

TOTAL 8"x8" SHEETS FOR 30-DAY SUPPLY _____ DURATION OF NEED 30 days 60 days 90 days

Physician's Signature (Required) _____ Date: _____

Email Confirmation _____