

# Burn Wound/Scar Hydrogel Sheeting Prescription

## PATIENT INFORMATION

Patient Name \_\_\_\_\_ M / F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel \_\_\_\_\_  Patient notified of order

Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

Responsible Party \_\_\_\_\_ Tel \_\_\_\_\_

Caregiver \_\_\_\_\_ Tel \_\_\_\_\_

Is patient being seen by Home Health Agency?  Yes  No

**Avogel NDC Codes:** : (1) 4"x4" sheet; NDC 76170-0104-43  
 (2) 8"x8" sheet; NDC 76170-0108-83  
 (3) 6"x48" roll. NDC 76170-0164-83

## INSURANCE INFORMATION

Primary ins Co \_\_\_\_\_

ID # \_\_\_\_\_ Tel \_\_\_\_\_

Group or Claim # \_\_\_\_\_

Secondary Insurance Co \_\_\_\_\_

ID # \_\_\_\_\_ Tel \_\_\_\_\_

Referring Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ordering Physician \_\_\_\_\_

Fax \_\_\_\_\_ Tel \_\_\_\_\_

Patient Next Appointment: \_\_\_\_Weeks \_\_\_\_Months

## Wound Scar Assessment and Management Summary

<b>DIAGNOSIS:</b> <u>Burn Wound Scarring and Contracture</u>	<b>CAUSE OF WOUND:</b> <u>Burn</u>
<b>INITIAL CAUSE OF WOUND:</b> ICD 10 _____	
<i>IF BURN WOUND:</i> <u>Initial Depth of burn?</u> : Partial Full	

CLOSED WOUND AND SCAR ASSESSMENT:				
Wound Location \	Type	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 : Weekly,		Secure with : Surgilast (or equiv) or compression garment.		
<b>Instructions :</b> <b>Apply</b> Avogel to wound 18 hours /day; <b>Reuse</b> Avogel dressing for 5-7 days; <b>Replace</b> Avogel 5-7 days				

Total Avogel \_\_\_\_\_ sheets for 30-DAY supply \_\_\_\_\_ ; Duration of need:  30 days  60 days  90 days

**Assessment Performed By:** \_\_\_\_\_ ; Date: \_\_\_\_\_  
 Signature and Title

**Physician's Signature (Required)** \_\_\_\_\_ Date: \_\_\_\_\_