



NPWT – Fax Cover Sheet / Order Checklist

 **RiMed Office Address**

238 W. Valley Ave. Suite #1 Birmingham, AL 35209 205-942-2650, Fax 205-942-5094

****For pre-op Verification Of Benefits - - Please fax a face sheet and this sheet with Point of Contact info.****

For ALL WOUNDS include clinical documentation of the following.

- Measurements (In Wound Notes & On Script) Age of wound Current Treatment/Frequency
- Must Include Diet Plan** Diabetic Treatment (if applicable)

For SURGICAL WOUNDS include all of the above in ADDITION TO:

- PreOp Report PostOp Report Debridement (if applicable)

For PRESSURE WOUNDS include all of the above in ADDITION TO:

- Debridement Turning Schedule Incontinence Management Documentation of Pressure Relief Mats

For ARTERIAL/VENOUS ULCER include all of the above in ADDITION TO:

- Documentation Compression has been tried
- Elevation and Ambulation plan



Please send this cover sheet with a Face Sheet, Rx and Wound Notes

***POINT OF CONTACT** (Nurse/Case Manager/Doc)

- Name:
- Contact Number:

PLEASE SHIP PUMP TO (Clinic or Pat. Home) AT THIS ADDRESS:

PUMP NEEDED BY (Date and Time if available)

Date: / /