

Patient Information

Last Name		Middle Name		First Name	
Address			City		State
SSN			DOB		ZIP
Home Phone			Cell Phone		
Allergies			Diagnosis		
Insurance Provider					
ID		Group Number		BIN	
PCN					
Deliver To	<input type="radio"/> Patient's Home <input type="radio"/> Prescriber's Office <input type="radio"/> Patient Will Pickup <input type="radio"/> Initial to Prescriber, then Patient's Home				

Prescriber Information

Name		Practice	
Phone Number		NPI	
Send Updates To	<input type="radio"/> Email <input type="radio"/> Phone <input type="radio"/> Fax		

Clinical Information

Diagnosis Codes: _____ Is this wound the result of a burn? Yes No

Wound Care Plan			Physician Information	
Wound Number	Wound Size	Wound Location	Physician Name	NPI
Wound 1	____ cm x ____ cm			
Wound 2	____ cm x ____ cm			
Wound 3	____ cm x ____ cm			
Wound 4	____ cm x ____ cm			
Wound 5	____ cm x ____ cm			
Wound 6	____ cm x ____ cm			
Wound 7	____ cm x ____ cm			
Wound 8	____ cm x ____ cm			

Prescription Order **E-Prescribing:** Use NCPDP: 5715264 and NPI: 1710228085 (Solera Specialty Pharmacy)

Medication	Strength	Sig	Qty	Refills
<input type="radio"/> Collagenase Santyl Ointment	<input type="radio"/> 250 units/g - 30/90g Amount dispensed to be calculated by pharmacy for appropriate days supply	<input type="radio"/> Apply to wound area once daily (or more frequently as the dressing becomes soiled) for _____ days		
<input type="radio"/> Regranex Gel	<input type="radio"/> .01% - 15g Amount dispensed to be calculated by pharmacy for appropriate days supply	<input type="radio"/> Apply penny thick layer to wound area once daily for _____ days		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

Prescriber's Name _____ Signature _____ Date _____

I authorize the pharmacy to enroll the patient in manufacturer and third party programs which may provide additional benefit to myself related to the patients prescribed drug therapy. Furthermore, I authorize the pharmacy to disclose the minimum necessary information required to enroll the patient in such programs, and coordinate benefits as deemed necessary by the pharmacy for final delivery of the product.