

RENASYS[◇] and PICO[◇] Negative Pressure Wound Therapy Systems

Order and Prescription Form

Fax: 866-304-6692

Patient Assistance Program:

Phone: 866-988-3491

Smith+Nephew

PLEASE NOTE: ADDITIONAL DOCUMENTATION REQUIRED! PLEASE FAX THE PATIENT'S FACE SHEET AND APPLICATION WITH THIS FORM.

1. Patient Information

Last name:

First Name:

MI:

DOB:

Delivery Date:

Delivery Address: (Please do not use a PO Box; for RENASYS delivery to hospital, please include the patient's room number and discharge point of contact):

Licensed home health agency or provider that will manage the patient's outpatient wound care:

Phone:

2. Prescriber Information: ORIGINAL SIGNATURE AND DATE REQUIRED

Family Contact Name:

Phone Number:

Fax Number:

Treating Prescriber (Print) Last Name:

First Name:

Treating Prescriber Signature:

Date:

By signing and dating, I attest that the person listed above is my patient for whom I have prescribed the Smith+Nephew NPWT system as medically necessary. I have read and understand all safety information and other instructions for use included with therapy clinical guidelines. I further certify that I have received the necessary written authorization to release the medical and/or other patient information referenced on this form and agree that Smith+ Nephew, Inc., or its assigned agent, has the right to contact the patient directly to gather additional information for the purposes of verifying eligibility for the assistance program.

Facility Name:

Address:

City:

State:

Zip:

Phone:

Fax:

NPI#:

1. Wound Information: Wound diagnoses codes are required and should be listed to include the specific anatomical site, type of wound, and etiology whenever possible.

Wound type:	Chronic Pressure Ulcer Traumatic/Surgical Wound	Diabetic/Neuropathic Ulcer Other:	Venous Stasis Ulcer			
Wound #1 Measurements:	Length	cm	Width	cm	Depth	cm
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Diagnoses:	Wound Location(s):					

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Please complete the order information for either PICO or RENASYS

4a. PICO Ordering Information:

Current Exudate Level:	Low	Moderate	or	ml/day
Please provide PICO Single Use NPWT System of specified size:				
4"x8" (10cm x 20cm)	6"x6" (15cm x 15cm)	8"x8" (20cm x 20cm)		
4"x12" (10cm x 30cm)	6"x8" (15cm x 20cm)	10"x10" (25cm x 25cm)		
4"x16" (10cm x 40cm)	6"x12" (15cm x 30cm)			
I prescribe NPWT therapy for:	3 weeks*	6 weeks*		

*Please Note: Each prescription is limited up to a 6 week supply; a separate request will need to be submitted if additional product is required beyond the initial request.

4b. RENASYS Ordering Information

***REQUIRED: Supplies for Delivery with RENASYS Negative Pressure Wound Therapy**

Dressing kit type:	Gauze		Foam	
Dressing kit size:	Small	Medium	Large	X-Large [†]
Canister size:	300ml			
Other supplies:	Extra transparent film		Y Connector	
I prescribe NPWT therapy for:	1 month**	2 months**	3 months**	

**Please Note: Each prescription is limited up to a 3 month supply, up to 15 dressings per wound and up to 10 canisters per month (unless otherwise specified). A separate request will need to be submitted if additional product is required beyond the initial request.

[†]Only available with Foam Kits

For detailed product information, including indications for use, contraindications, effects, precautions, warnings and important safety information, please always consult the product's Instructions for Use (IFU) prior to use.

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www.smith-nephew.com
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RNME44-38471-0923