



www.hpsoftheozarks.com

HPS Phone: 417-269-0650

Toll Free: 800-637-9201

Please fax complete form to: 417- 269-0692

NPWT REQUEST FOR ADDITIONAL SUPPLIES FORM

Please include copies of all pertinent information from patient's medical record to validate the information provided here.

PATIENT INFORMATION (Complete this section ONLY if you will not be supplying a Face Sheet that contains this information)

Patient's Name: <i>(print)</i> , Last:	First:	MI:
Patient's DOB: ____ / ____ / ____ mm dd yyyy	SS# ____ - ____ - ____	

JUSTIFICATION FOR ADDITIONAL SUPPLIES

- Wound size exceeds the largest available dressing set
- Dressing changes are required more often than 48-hours (please explain below)
- Wound is heavily draining beyond capacity of largest canister in a 3-day period
- Other (please explain in detail) _____

Due to the above, please have a customer service representative contact me regarding additional supplies:

Contact Name: _____

Title: _____

Phone Number: ____ / ____ / ____ Alternate Phone Number: ____ / ____ / ____

TO BE COMPLETE BY PRESCRIBER

PRESCRIPTION, ATTESTATION AND PRESCRIBER INFORMATION

I attest that Patient, _____ Date: ____ / ____ / ____
mm dd yyyy

Prescriber's Name <i>(print)</i> Last:	First:	MI:	
Address:	City:	State:	Zip:
Phone:	Fax:	NPI:	

Please fax documents to your DME provider at 417-269-0692