



GALAXY MEDICAL SUPPLY

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WOUND CARE ORDER FORM

PATIENT NAME: _____ DOB: _____ # OF Wounds: _____

INSURANCE:ID: _____

Wound		Dimensions (cm's)			Drainage				Thickness		Debridement
Location	ICD.10 code	Length	Width	Depth	Dry	Lt	Mod	Hvy	Part	Full	Or Surgery Date
1)											
2)											
3)											

REFILLS ORDERED: 1mnth 2mnth 3mnth 4mnth 5mnth 6mnth

ICD-10 CODES: _____

Acticoat 7 (7 day Silver Antimicro Dressing)	Adaptic Dressing (Non-Adherent) Dressing	Dakins Solution 0.25%
Calcium AG/ Collagen AG/ Tegaderm AG	AquaCell (Silver Dressing)	Wound Cleanser / Normal Saline
Hydrogel Dressing / Hydrogel Filler	Prisma (Silver Collagen) Hexagon	Sterile Gauze (Woven - Non Woven)
Hydrocolloid Dressing / Hydrocolloid Filler	Endoform (Silver w/Collagen) Dressing	ABD Sterile Pads
Hydrophilic Gel Filler	DermaGinate (Calcium AG Dressing)	Conforming Gauze Wrap (Sterile)
Xeroform / Petrolatum / Oil Emulsion Strips	Silcone Foam Border (adherent)	Kling Wrap
Impregnated Sterile Gauze	Fibracol Plus (Collagen AG Dressing)	Coflex (Ace Bandage)
MediHoney Ointment	Tegaderm Alginate High Int. Dressing	Island (Border) Gauze Adhesive
DermaSyn/AG Silver Wound Gel	Hydrocellular Foam (Acrylic Adhesive)	Gloves (vinyl) (M, L, XL)
Woun'Dres (Collagen Wound Gel)	Ad ointment	Silk / Cloth Surgical Tape (1" 2")
Burn Spray (Lidocaine HCL 2%)	Conforming Paste Bandage	Hypafix Roll Tape
Arnicare Gel	Medipore Soft Cloth Tape	Tegaderm Film Tape
Iodine 10% Solution	Steri-Strips	Unna Boot w/ Zinc (3" 4")
Hydrogen Peroxide 3%	Iodoform Packing Strips	Ace Bandage
	Coban (3" 4")	

Physician Signature: _____

NPI: _____ TEL #/ FAX # _____

Physician Name _____