



1720 Kaliste Saloom Rd - A6
Lafayette, LA 70508
o. 800-728-2788 | f. 866-991-0388
www.AmericanWoundRx.com

OSTOMY SUPPLY ORDER FORM

TO ENSURE PROMPT DELIVERY, PLEASE FAX THIS FORM AND PATIENT FACESHEET TO 866-991-0388. RAPID PROCESSING AND NEXT DAY DELIVERY. GUARANTEED.

REFERRING ENTITY INFORMATION

FACILITY NAME: _____
CONTACT NAME: _____
CITY/STATE: _____
PHONE: _____
FAX: _____

PATIENT INFORMATION

PATIENT NAME: _____
D.O.B. : _____
ADDRESS: _____
CITY/STATE: _____
PHONE: _____

OSTOMY TYPE:

☐ COLOSTOMY

☐ UROSTOMY

☐ ILEOSTOMY

☐ OTHER: _____

DISCHARGING TO:

☐ HOME HEALTH ☐ SKILLED FACILITY ☐ HOME ☐ HOSPICE ☐ LONG-TERM CARE ☐ OTHER: _____

PRODUCT INFORMATION:

BRAND: _____

☐ 1-PIECE ☐ 2-PIECE

POUCH ITEM #: _____

☐ DRAINABLE ☐ NON-DRAINABLE

BARRIER ITEM #: _____

OSTOMY ANCILLARIES REQUESTED:

☐ DEODORANT

☐ ADHESIVE REMOVER

☐ SKIN PREP

☐ STOMA PASTE/STRIPS

☐ APPLIANCE CLEANSER ☐ Y-STRIPS

☐ BARRIER RINGS

☐ OSTOMY POWDER

☐ OTHER: _____

QUANTITIES REQUESTED:

DRAINABLE APPLIANCE: ☐ 10 ☐ 20 ☐ _____

NON-DRAINABLE APPLIANCE: ☐ 30 ☐ 60 ☐ _____

NOTES: _____

PHYSICIAN NAME: _____ TELEPHONE: _____

FORM COMPLETED BY: _____ TELEPHONE: _____
(Please Print)

SIGNATURE: _____ DATE: _____