SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
*Healing Here at Home*

**Office Hours:** M-F 8 am - 4:30 pm,
(after hour appt. made with 24 hour notice)
347 Andrieux Street, Sonoma CA 95457
**(f) 707.935.5272 • (p) 707.935.5399 • (e) jcornett@svh.com**

# Requisition for Outpatient Wound Care

**From: Dr.** _____ **Fax #:** _____

**PT's Name:** _____ **Date:** _____

**PT's DOB:** _____ **PT's Phone:** _____

**Allergies:** _____

**DX:**

- ☐ Surgical Wound- Full Thickness
- ☐ Surgical Wound- Partial Thickness
- ☐ Stasis Ulcer- Full Thickness
- ☐ Stasis Ulcer- Partial Thickness
- ☐ Trauma
- ☐ DM Ulcer
- ☐ Arterial Ulcer
- ☐ Burn
- ☐ Measure ABI &/or apply Compression Device as required
- ☐ Pressure Ulcer Stage 1
- ☐ Pressure Ulcer Stage 2
- ☐ Pressure Ulcer Stage 3
- ☐ Pressure Ulcer Stage 4
- ☐ Non-Healing Wound
- ☐ Skin Tear
- ☐ Ostomy Consult
- ☐ **Outpatient Nutrition Counseling** referral for diabetes management (please circle diagnosis code: 250.0, 250.6, 250.7, 250.8, 250.9)

**Wound Location(s):** _____

**How long has PT had wound?** _____

**Please provide the following:**

Insurance Company: _____ Reference #: _____

Name of Representative: _____ Phone #: _____

## Evaluate and Treat Wound(s):

| | | |
|---|---|---|
| Xtrasorb | Off-loading Shoe if indicated | Santyl |
| ABI Study if Indicated (Manual) | Wound Cleaner of Choice | Medihoney |
| Compression Device as per ABI | Skin Prep of Choice | TCC- Total Contact Cast if Indicate |
| Silver Nitrate PRN | Iodoform | Foam Dressing |
| Debridement- Sharp (Conservative) | Antibiotic Ointment | Hydrocolloid Dressing |
| Debridement- Aqueous (Jetox) | Antifungal of Choice | NPWT- Pico or SNAP |
| Iodasorb | Alginate or Wound Fiber of Choice | Contact Layer of Choice |
| Collagen of Choice | Silversorb | Topical Analgesic of Choice |

Please provide the following information if available, current medication list, pertinent clinical notes pertaining to wound care, and a demographics sheet.

**MD Signature:** _____ **Date:** _____