Renown HEALTH

Wound Care Order Form

Advanced Wound Care
Center for Advanced Medicine B
1500 E 2nd St., Ste. 100
Reno, NV 89502

P 775-982.5003
F 775-982-6821

Referring Clinic Name

Address

Phone

Fax

All Fields Required

Date*

Patient Name*
First Name
Last Name

DOB*

Diagnosis*

ICD-9*

Authorization #*
(Indicate 'none' if not required)

Service Date Range*
(Start Date)
(End Date)

Of Visits Approved*

Insurance*
(Please submit patient face sheet with demographics and copies of insurance cards.)

Ordering Physician*
First Name
Last Name
Title

Physician Signature*

Step 1: Please Check Service

- ☐ Wound Care (97001) (99201-99205)
  - Where is the wound located?
  - How many wounds present?
- ☐ Ostomy Care (99201-99205)
- ☐ Foot & Nail Care (11719, 11720, 11721)
- ☐ Lymphedema Care (97001)
- ☐ HBOT (99183 / C1300)
- ☐ Limb Preservation (Diabetic Foot Ulcer)

Step 2: Please Check Request Type

- ☐ Evaluate & Treat
- ☐ Other

Clear Form

Print Form