





**SECTION B: Wound Measurements**

**Wound Age (Months):** \_\_\_\_\_

**Previous Wound Measurements** (at least 30 days ago):  
If there are no previous wound measurements, write N/A and include a brief explanation.

\_\_\_\_\_  
\_\_\_\_\_

Date of Measurements: \_\_\_\_\_

L: \_\_\_\_\_ cm W: \_\_\_\_\_ cm D: \_\_\_\_\_ cm

Sinus/tunnel #1 \_\_\_\_\_ cm @ \_\_\_\_\_ o'clock

Sinus/tunnel #2 \_\_\_\_\_ cm @ \_\_\_\_\_ o'clock

Undermining: \_\_\_\_\_ cm @ \_\_\_\_\_ o'clock

**Exudate:**  None  Min  Mod  Heavy \_\_\_\_\_ cc's per day

**Wound Location:** \_\_\_\_\_

**Current Wound Measurements**

Date of Measurements: \_\_\_\_\_

L: \_\_\_\_\_ cm W: \_\_\_\_\_ cm D: \_\_\_\_\_ cm

Sinus/tunnel #1 \_\_\_\_\_ cm @ \_\_\_\_\_ o'clock

Sinus/tunnel #2 \_\_\_\_\_ cm @ \_\_\_\_\_ o'clock

Undermining: \_\_\_\_\_ cm @ \_\_\_\_\_ o'clock

**Exudate:**  None  Min  Mod  Heavy \_\_\_\_\_ cc's per day

**Secondary Current Wound Measurements**

2<sup>nd</sup> Wound Location: \_\_\_\_\_

L: \_\_\_\_\_ cm W: \_\_\_\_\_ cm D: \_\_\_\_\_ cm

Undermining: \_\_\_\_\_ cm @ \_\_\_\_\_ o'clock

Other Notes: \_\_\_\_\_

**Sections A & B completed by:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SECTION C. Physicians Prescription M.D. must sign and date prescription prior to delivery of the NPWT Medela Invia Liberty Portable NPWT pump and necessary supplies are prescribed for:**

Patient Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

**Length of Need (months):** \_\_\_\_\_ **Pump Setting:** -80mmHg Other: \_\_\_\_\_

**Qualifying Diagnosis (ICD-9 codes) (include all that apply):** \_\_\_\_\_

**Dressing Kits and Canisters Ordered (circle):**  
Kit Size: Small Med Large  
Kit Type: Flat Round Channel  
Canister: Small Large

**Frequency of Dressing Change:** \_\_\_\_\_ x per week

**Frequency Canister/Tubing Change:** Standard: 1 x per week or more as needed

Other: \_\_\_\_\_

Other supplies: \_\_\_\_\_

Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Physician Address: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_