



| | | | |
|---|---|--|--|
| Wound Care Parenteral Nutrition Order | | Email: WoundCareNutrition@pentechealth.com | |
| Referral Date: | | Phone: 888-639-2110 | |
| Office Contact: | | Fax: 866-794-8022 | |
| Contact Email: | | | |
| Phone: | | | |
| Please include the following documentation with this referral form | | | |
| <ul style="list-style-type: none"> Recent clinic notes, including wound history and labs | | | |
| Patient Information | | | |
| Patient Name: | | Sex: <input type="checkbox"/> M <input type="checkbox"/> F | DOB: |
| Address: | | | |
| Phone: | | Email Address: | |
| Allergies: | | | |
| Height: | <input type="checkbox"/> inches <input type="checkbox"/> cm | Weight: | <input type="checkbox"/> lbs <input type="checkbox"/> kg |
| Advanced Wound Care Treatment Initiated (date): | | Diagnosis: | |
| Insurance | | | |
| <input type="checkbox"/> Information attached (including front & back of insurance cards; if provided skip insurance section) | | | |
| Primary Plan Name: | | Subscriber Name: | DOB: |
| ID #: | | Group #: | Phone: |
| Secondary Plan Name: | | Subscriber Name: | DOB: |
| ID #: | | Group #: | Phone: |
| Order Detail | | | |
| <ul style="list-style-type: none"> ✓ Pentec Health to complete and/or review Malnutrition Risk Assessment and determine if patient meets criteria for home parenteral nutrition <ul style="list-style-type: none"> ○ If patient meets criteria for home parenteral nutrition, Pentec Health to send orders for patient-specific parenteral nutrition and CVC placement for prescriber review and signature. ✓ Lab Draw: CMP, CBC w/diff, Prealbumin, Mg, Phos, Hgb A1C. Fax results to 866-794-8022 | | | |
| Healthcare Provider | | | |
| Print Name: | | NPI: | |
| Signature: | | Date: | |

Confidential Health Information: This document may contain Protected Health Information (PHI), as defined by the federal HIPAA Privacy Rule (45 C.F.R. Part 160 and Part 164, Subpart E). It is being faxed to you after receiving appropriate Individual authorization or under circumstances that do not require Individual authorization. You are obligated to maintain it in a safe, secure, and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate Individual authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and/or state laws and regulations.

Important warning: This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is strictly prohibited. If you have received this message in error, please notify us immediately. Brand names are the property of their respective owners.