



Memorial Hermann Health System
Home Health Negative Pressure Wound Therapy Orders

Please send both pages to Memorial Hermann Home Health
Phone: 281-784-7550 Fax: 281-784-7545
Email: HomeHealthNPWTIntake@MemorialHermann.org

PATIENT DELIVERY INFORMATION

Requested Delivery Date: Requested Delivery Time:

Patient Name: Patient DOB:

Address: City: State: ZIP:

Patient Cell Phone:

Hospital Delivery: Deliver to Hospital Utilizing Consignment Pump - No Delivery Needed

Hospital/Facility Name:

Room Number: Direct Phone Number to Patient's Room:

Anticipated Hospital/Facility Discharge Date: (if applicable) *

* Medicare allows delivery to a hospital/facility up to 48 hours prior to anticipated discharge for the purpose of fitting and training.

Home Delivery: Deliver to Patient's Home? Yes No Same Address as Listed on Form

OR

Deliver to Alternate Address

Alternate Address: City: State: ZIP:

PATIENT FOLLOW-UP CARE

Name of Home Health Agency Following the Patient:

Phone: Fax:

Name of Wound Care Clinic Following the Patient: (if applicable)

Phone: Fax:

REQUIRED DOCUMENTATION CHECKLIST

PLEASE ATTACH THE FOLLOWING:

- Face Sheet Pre-Op Report Current Wound Notes
Physician Face-to-Face Notes Post-Op Report Prior Treatments (if chronic wound)

