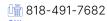


CATH DRY GLOBAL (CDG)

CENTRAL VENOUS CATHETER DRESSING





ORDER FORM

Please email or fax the completed form to process your patient's order

		PATIENT INF	FORMATION		
Name:			Orde	r Start Date:	
Email:				of Birth:	
	PSS:				
City:				ode:	
		INSURANCE II	NFORMATION		
☐ Medicare ID:	#				
	# ırance Name:				
Member ID#					
Medical Ne					
 Prevent 	ing Catheter Related Infections ed Quality of Life – Ability to Safely	/ Shower (Personal	Hygiene)		
		PROD	UCTS		
C	ATHETER DRESSING	ICI	D. 10 Codes: Z45.2 and Z48.01		
Cath Dry HD (Hemodialysis) HCPCS Code(s) - A6259 and A5200 Quantity - 12 Dressings Dressing Change - 3x/Week Cath Dry PICC (Peripherally Inserted Central Catheter) HCPCS Code(s) - A5200 and A4221 Quantity - 4 Dressings + 4 Securement Devices Dressing Change - 1x/Week		Cath Dry XL (Extra Long HD Catheters - i.e Tesio) HCPCS Code(s) - A6259 and A5200 Quantity - 12 Dressings Dressing Change - 3x/Week Cath Dry PD (Peritoneal Dialysis/Hickman Catheters) HCPCS Code(s) - A6259 and A5200 Quantity - 4 Dressings + 4 Securement Devices Dressing Change - 1x/Week		 Primary Surgical Dressing Sterile Water Resistant Breathable Transparent Bacteriostatic Water/Moisture Indicator 	
REFILLS:	0 1 2 3	6 <u>DISP</u>	ENSING FREQUENCY: Eve	ery 30 Days	
INDICATIONS:	Hemodialysis	Chemotherapy	Antibiotics TP	N (Total Parenteral Nutrition)	
	Chronic Illness	Other:			
	AU	THORIZATION	AND SIGNATURE		
Dravidora None			COORDINATION OF C	CARE	
Providers Name:			I ATTEST THAT I AM A PROVIDER/CLINICIAN PROVIDING		
NPI#:			NECESSARY HEALTH CARE TO THE ASSOCIATED PATIENT WHO REQUIRES COORDINATION OF CARE AND CDG HAS		
License #:			THE AUTHORITY TO COORDINATE CARE ON BEHALF OF MY PATIENT. FURTHERMORE THE PATIENT HAS CHOSEN CDG		
Office Phone#: Provider Address:			TO ASSIST IN PROVIDING THE REQUESTED CARE BY EITHER; PROVIDING PRODUCT, VERIFYING INSURANCE BENEFITS, BILLING FOR SERVICE OR COORDINATING CARE FOR THE ASSOCIATED PATIENT SHOULD DIRECT SERVICE NOT BE		
City:			PROVIDER/CLINICIAN COORDINATING CARE:		
State:Zip Code:				(PRINT NAME)	
			DD01//DED 0:0:::=::=		
			PROVIDER SIGNATURE:		
			DATE:		