Mercy Surgical Dressing Group Biller Network Ostomy - 844-367-7413

Patient Information

Please Attach Progress Notes and Patient Demographics*

Patient Name: D.O.B.

Address:

City, State, Zip:

Phone:

Emergency Contact Phone:

Principle Diagnosis Code (ICD-10 # for diagnosis

With Surgical Procedure: ☐ V44.3 Colostomy ☐ V44.6 Urostomy ☐ V44.2 Ileostomy

Valid Dates: to

Ostomy Supplies

☐ Pouch
20 Drainable or 60 Closed Pouches

☐ Barrier
20 Barriers

Accessories

Medicare allows a maximum of 1-3 months to be purchased at a time.

- ☐ Paste (4 oz)
- ☐ Strips (20)
- ☐ Belt (1)
- ☐ Powder
- ☐ Night Drainage Bag (2)
- ☐ Connecting Tubing (2)
- ☐ Adhesive Remover
- ☐ Paper Tape # Rolls (2)
- ☐ Rings (20)
- ☐ Deodorant drops not spray (1 btl or 1 bx of pks)
- ☐ Preps (150 ea/3 months)
- ☐ Cleaner / Decrystallizer (1 btl)
- ☐ Leg Bag (2)
- ☐ Elastic Strips (20 units)
- ☐ Other:

Physician Information - Medicare allows a maximum of 1-3 months to be purchased at a time

Physician License # NPI Date

Pecos Certified ☐ Yes ☐ No Physician Signature _____

Physician Name:

Office Name:

Office Address:

City, State, Zip:

Phone: Fax:

Please review and verify by signing this Written Confirmation of Verbal Order.

Fax: 1-800-861-7362 Email to: order@mercysurgical.com