



# SANTYL ORDER FORM

## Please Fax Orders to : 954-304-9703

### FACILITY INFORMATION

<b>Facility Name:</b>	<b>Facility Contact:</b>
	<b>Facility Phone:</b>
	<b>Facility Fax:</b>

### PATIENT INFORMATION:

<b>Last Name:</b>	<b>First and Middle Name:</b>	<b>Date of Birth:</b>
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### WOUND CARE PLAN

Wound #	Wound Size	Location	Grams Needed	Prescription Order
Wound 1 _____ cm x _____				<b>Collagenase Santyl Ointment 250 units/g</b>
Wound 2 _____ cm x _____				<b>Apply to wound area once daily (or more frequently as the dressing becomes soiled)</b>
Wound 3 _____ cm x _____				<b>Total Grams requested:</b> _____ <b>Refills Authorized</b> _____
Wound 4 _____ cm x _____				<b>Days Supply:</b> _____
Wound 5 _____ cm x _____				<b>Note to Pharmacy:</b>
Wound 6 _____ cm x _____				

### PHYSICIAN INFORMATION:

<b>Prescriber Name:</b>	<b>Prescriber NPI:</b>	<b>Prescriber phone:</b>
<b>Prescriber signature:</b>		<b>Date:</b>

### WOUND CALCULATION GUIDE

Wound area	30 days therapy	
1-6 cm <sup>2</sup>	30 g	Heel:    L    R  Calf :    L    R  Thigh:    L    R  Buttocks: L    R  Sacrum : L    R  Other: _____ <b>Please Indicate the location of the wound</b>
7-12 cm <sup>2</sup>	60 g	
14-16 cm <sup>2</sup>	90 g	
18-21 cm <sup>2</sup>	120 g	
24 cm <sup>2</sup>	150 g	
25-28 cm <sup>2</sup>	150 g	
30-35 cm <sup>2</sup>	180 g	
36 cm <sup>2</sup>	210 g	
40 cm <sup>2</sup>	210 g	
42 cm <sup>2</sup>	210 g	
48-49 cm <sup>2</sup>	270 g	
56 cm <sup>2</sup>	300 g	
64 cm <sup>2</sup>	330 g	

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

### DISCHARGE INFORMATION

<b>Discharge Date:</b>	<b>Ship To:</b> <input type="checkbox"/> Facility <input type="checkbox"/> Home	
<b>Discharge Location:</b>	<b>Discharge Contact:</b>	
	<b>Discharge Phone:</b>	
	<b>Discharge Fax:</b>	

ing Calculator is Available on Santyl.com