



REGANEX ORDER FORM

Please Fax Orders to : 954-304-9703

FACILITY INFORMATION

Facility Name: 	Facility Contact: Facility Phone: Facility Fax:
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PATIENT INFORMATION:

Last Name:	First and Middle Name:	Date of Birth:
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WOUND CARE PLAN

Wound	Wound	Location	Grams Needed	Prescription Order
Wound 1	___ cm x ___			Regranex Becaplermin Gel 0.01%
Wound 2	___ cm x ___			Apply to wound area once daily
WOUND CALCULATION GUIDE				Total Grams requested:
Wound area	30 days therapy			Refills Authorized
up to 8 cm ²	15 grams = 1 tube			Days Supply:
9-16 cm ²	30 grams = 2 tubes			Note to Pharmacy:
17-24 cm ²	45 grams = 3 tubes			
25-32 cm ²	60 grams = 4 tubes			
33-40 cm ²	75 grams = 5 tubes			
40-48 cm ²	90 grams = 6 tubes			

PHYSICIAN INFORMATION:

Prescriber Name:	Prescriber NPI:	Prescriber phone:
Prescriber signature:		Date:

Diagnosis and Wound Location

<ul style="list-style-type: none"> E11.620 Type 2 diabetes mellitus with diabetic dermatitis E10.628 Type 1 diabetes mellitus with other skin complications E11.618 Type 2 diabetes mellitus with other diabetic arthropathy E10.622 Type 1 diabetes mellitus with other skin ulcer E11.51 Type 2 diabetes mellitus w/ diabetic peripheral angiopathy w/out gangrene E11.628 Type 2 diabetes mellitus with other skin complications E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified E11.9 Type 2 diabetes mellitus without complications E11.621 Type 2 diabetes mellitus with foot ulcer E11.65 Type 2 diabetes mellitus with hyperglycemia E10.621 Type 1 diabetes mellitus with foot ulcer E11.622 Type 2 diabetes mellitus with other skin ulcer E11.69 Type 2 diabetes mellitus with other specified complication E10.40 Type 1 diabetes mellitus with diabetic neuropathy, unspecified 	Please Indicate the location of the wound(s) Heel: L R Toe : L R Ankle: L R Instep: L R Sole: L R Other: _____
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NOTES:

DISCHARGE INFORMATION

Discharge Location:	Discharge Contact:
	Discharge Phone:
	Discharge Fax:

Regranex Dosing Calculator is Available at www.regranex.com/easy-dosing