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KCI V.A.C.® Therapy Order Pad (Do Not Substitute)
Post-Acute/Hospital Transition v4.1

V.A.C.® Ready Care Program Order? ☐ Yes ☐ No

Patient Name:		DOB: / /	Gender: ☐ M ☐ F
Phone:	Insurance:		

Was **NPWT initiated** in one of these in-patient facilities?
☐ Hospital ☐ LTAC ☐ SNF

Requestor Name:	Phone:	**Required: Email** (for status and follow-up):
Facility:	Address:	

Delivery Need By Date: / /	Time: ☐ a.m. ☐ p.m.	Address: ☐ Use Requestor Address for Delivery
Location ☐ Private Residence ☐ Other:		
☐ Facility:	Rm#:	

Location of V.A.C.® Therapy Use: ☐ Private residence ☐ SNF ☐ LTAC ☐ Other:

Post-Acute Clinical Provider (responsible for dressing changes, for example, WCC, HHA, etc.):

Address: **Required: Phone:**

Prescriber only to sign and date. Original Prescriber signature required. Stamps and photocopies strictly prohibited.

I prescribe V.A.C.® Therapy System for: ☐ 1 ☐ 2 ☐ 3 ☐ 4 (months) ☐ Other: _____ weeks
and up to 15 V.A.C.® Therapy dressings per wound, per month, and up to 10 V.A.C.® Therapy canisters per month.

Prescriber Name:	NPI#:	Therapy Start Date:
Prescriber Signature:	Signature Date: / /	/ /

By signing and dating, I attest that I am prescribing the V.A.C.® Therapy System **(DO NOT SUBSTITUTE)** as medically necessary, and all other applicable treatments have been tried or considered and ruled out. I have read and understand all safety information and other instructions for use included with the V.A.C.® Therapy product, as well as the V.A.C.® Therapy Clinical Guidelines. I also understand the V.A.C.® Therapy System contraindications.

V.A.C.® Therapy Dressings with SensaT.R.A.C.® Technology: *(see back for details)*

V.A.C.® Peel and Place Dressing up to 7-day wear time	☐ **Small**	☐ **Medium**	☐ **Large**	V.A.C.® Granufoam™ Bridge Dressing	☐	
Dermatac™ Drape with V.A.C.® Granufoam™ Dressing Kit	☐ **Small**	☐ **Medium**	☐ **Large**	V.A.C.® Granufoam™ Bridge XG Dressing	☐	
V.A.C.® Granufoam™ Dressing	☐ Small	☐ Medium	☐ Large	V.A.C.® Whitefoam™ Dressing Foam Only	☐ Small	☐ Large
V.A.C.® Simplace™ Dressing	☐ Small	☐ Medium		V.A.C.® Whitefoam™ Dressing Kit	☐ Small	☐ Large
V.A.C.® Simplace™ Ex Dressing	☐ Small	☐ Medium		Other:		Qty:

V.A.C.® Therapy: ActiV.A.C.™ Therapy System, Model Number 340000, or ActiV.A.C.™ Therapy System with iOn Progress™ Remote Therapy Monitoring, Model Number RTMGSM01/US

☐ Additional Documentation **required for billing** on the back of this sheet.

Additional Documentation below is required by most payors to bill your patient's insurance.

Required for All Orders

- ☐ Face sheet
- ☐ History and physical
- ☐ Most recent wound assessment — including wound type, location, measurements, etc.

Some Payors May Also Require

- ☐ Nutritional status, if applicable
- ☐ Most recent labs, such as albumin, A1C, total protein, etc. if applicable

Required Based on Patient Wound Type(s)

- ☐ If surgical wound: Op report
- ☐ If pressure injury stage III or IV: Age of wound, and if on trunk, use of group 2 or 3 support surface
- ☐ If diabetic ulcer: Offloading, diabetic management program
- ☐ If chronic ulcer: Tried and failed therapies
- ☐ If cancer related wound: Pathology report

Instructions: Fax to 888-245-2295. Include ❶ **Front** of this form and ❷ **Additional Documentation** listed above.
For questions and information, contact your local representative, or **customer service at 800-275-4524**, available 24/7.

Looking for an even easier way to order V.A.C.® Therapy?

Easily submit and track orders, receive order alerts, request supplies, and schedule pickups using a HIPAA compliant web-based system. V.A.C.® Therapy orders are released *faster* compared to non-electronic orders[1,2] and you can easily send E-script requests. You can also take advantage of our free on-site **Ready Care Program.**

Solventum™ Express Therapy Portal (new platform): Go.Solventum.com/Express

Reach out to your local Account Representative if you have questions.

Scan the QR code for details on **V.A.C.® Therapy dressings**

Note: Specific indications, contraindications, warnings, precautions, and safety information exist for these products and therapies. Please consult a clinician and product instructions for use prior to application. Rx only.

References: 1. Data pulled January 1, 2020-August 31, 2020. 2. 3M. iOnHealingOrderstoRelease_Sept2020_InternalReport_25SEP2020.

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1-800-275-4524