


**℞ WRITTEN ORDER AND MEDICAL JUSTIFICATION  
OSTOMY SUPPLIES**

Date of Last Provider Visit \_\_\_\_\_

<b>Supplier Name, Address, Telephone &amp; NSC#:</b>  <b>915 30th Avenue</b> <b>Fairbanks, AK 99701</b> <b>Phone: (907) 458-8912      Fax: (907) 458-8914</b> <b>NSC#: 1267160002</b>	<b>Patient Name, Address, Telephone &amp; Insurance ID #:</b>  (      )      - <b>Ins ID #:</b> _____ <b>Patient DOB:</b> /      / <b>Sex:</b> <b>(M/F)</b>
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We have been asked to provide the following equipment to the patient named above. Please review and verify this information by completing any of the highlighted areas, and date and sign at the bottom. We suggest you keep a copy of this for your records.

**OSTOMY:**

Date of Service: \_\_\_\_\_

Diagnosis and Code: \_\_\_\_\_

Colostomy (Z93.3)

Ileostomy (Z93.2)

Urostomy (Z93.6)

Other: \_\_\_\_\_

Length of Need (# of months) \_\_\_\_\_ 1-99 (99=life)

Patient Height: \_\_\_\_\_ ft. in.    Weight: \_\_\_\_\_ lbs.

Date of discharge from the hospital: \_\_\_\_\_

**Pouches:**

Pouch/Bar, 12", CTF, 2-1/2" Stoma Opening    QTY \_\_\_\_\_

HOL8551, (A4388)

Pouch, 12", 1 3/4" Stoma Opening    QTY \_\_\_\_\_

HOL8132, (A5063)

Pouch, 12", 2-1/4" Stoma Opening    QTY \_\_\_\_\_

HOL 8133, (A5063)

Pouch, 12", 2-3/4" Stoma Opening    QTY \_\_\_\_\_

HOL8134, (A5063)

Other \_\_\_\_\_ QTY \_\_\_\_\_

Other \_\_\_\_\_ QTY \_\_\_\_\_

**Barriers:**

Barrier, Flat, CTF, 1-3/4"    QTY \_\_\_\_\_

HOL4602, (A4409)

Barrier, Flat, CTF, 2-1/4"    QTY \_\_\_\_\_

HOL4203, (A4414)

Barrier, Flat, CTF, 2-3/4"    QTY \_\_\_\_\_

HOL4604, (A4409)

Other \_\_\_\_\_ QTY \_\_\_\_\_

Other \_\_\_\_\_ QTY \_\_\_\_\_

**Other Supplies:**

Odor Eliminator (A4421)    QTY \_\_\_\_\_

Adhesive Remover (A4456)    QTY \_\_\_\_\_

Belt, Large (A4367)    QTY \_\_\_\_\_

Belt, Medium (A4367)    QTY \_\_\_\_\_

Deodorizer Drops, M9, 8oz (A4394)    QTY \_\_\_\_\_

Lubricating Deodorant, 8ml Pk (A4394)    QTY \_\_\_\_\_

Lubricating Deodorant, 80z Btl (A4394)    QTY \_\_\_\_\_

Powder, 1oz Btl (A4371)    QTY \_\_\_\_\_

Paste, 2oz Tube (A4406)    QTY \_\_\_\_\_

Clamp, Beige (A4363)    QTY \_\_\_\_\_

Barrier Ring, Flat, 2", Adapt (A4385)    QTY \_\_\_\_\_

Barrier Ring, Convex, 13/16", Adapt    QTY \_\_\_\_\_

(A4411)

Barrier Ring, Convex, 1-13/16", Adapt    QTY \_\_\_\_\_

(A4411)

Barrier Ring, Convex, 1-9/16", Adapt    QTY \_\_\_\_\_

(A4411)

Barrier Wipes, No Sting (A5120)    QTY \_\_\_\_\_

Barrier Wipes, Protective (A5120)    QTY \_\_\_\_\_

Other \_\_\_\_\_ QTY \_\_\_\_\_

Other \_\_\_\_\_ QTY \_\_\_\_\_

Special Instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROVIDER CERTIFICATION:**

**I, the patient's treating provider, certify the medical necessity of these items for this patient and maintain medical records reflecting the medical justification and care provided.**

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider's Name \_\_\_\_\_

NPI: \_\_\_\_\_ Telephone: \_\_\_\_\_