

HidraWear can now be quickly and easily prescribed to your patients, with their monthly supply delivered directly to their home and covered by their insurance.



Simply fill out the below form, attach the most recent office visit notes including wound measurements and patient demographics.

Fax (888) 783-0606, Phone (888) 783-0605
orders@livefreemed.com

Clinic Name	
Clinic Phone	Clinic Fax
Patient Name	
Date of Birth	Telephone
Insurance Name	Policy ID

Is patient currently seen by Home Health?	YES	NO
Have patient's wound/s ever been debrided	YES	NO

Order date

ICD-10	<u>L98.499</u> -Non-pressure chronic ulcer of skin		<u>L98.419</u> -Non-pressure chronic ulcer of skin / Buttocks							
WOUND INFORMATION	ICD-10 (See ICD-10 legend above) or wound description		Wound Thickness (HidraWear dressing requires Full)		LOCATION	Wound Size (cm)(L x W x D)	Drainage (Exudate) HidraWear Dressing requires M - H			
	Wound 1:		Partial	Full			N	L	M	H
	Wound 2:		Partial	Full			N	L	M	H
	Wound 3:		Partial	Full			N	L	M	H
	Wound 4:		Partial	Full			N	L	M	H
	Wound 5:		Partial	Full			N	L	M	H
	Wound 6:		Partial	Full			N	L	M	H

DRESSING SUPPLIES	Wound Care products required (Please Check Mark Size Requested)						Drainage Required (Low / Mod / High)	Frequency of Change (Daily unless Spec.)	Wound Number (tick ✓ for supplies)					
									#1	#2	#3	#4	#5	#6
	HidraWear Dressing Retention Baselayer						**	**						
	Women's Crop Top	S	M	L	XL	2XL	n/a	n/a						
	Unisex T-Shirt	S	M	L	XL	2XL	n/a	n/a						
	Women's Briefs	S	M	L	XL	2XL	n/a	n/a						
	Men's Briefs	S	M	L	XL	2XL	n/a	n/a						
	HidraWear Dressings						**	**						
	HidraWear SuperAbsorbent Dressing, 3.0" x 5.0"													
	HidraWear SuperAbsorbent Dressing, 5.5" x 7.5"													
	HidraWear Foam Dressing, 4" x 6"													
	Other products						**	**						

SIGNATURE	I attest by my signature that it is my intention for the prescription to remain valid until the diagnosis described is resolved or otherwise directed by the signer. The requested supplies are medically necessary and the wound(s) has/have been debrided and/or surgically created or modified. I have instructed the patient on how to use the supplies being requested.		Duration of Treatment will be 90 Days unless specified:	
	Practitioner Signature:	NPI:	Signed Date:	

Prescribing HidraWear: Fast, Covered, Hassle-Free



One-page order form
takes just 45 seconds
(Yes, we checked!)



Covered by
insurance

Clinician Ordering Checklist



Qualified Wound Is Present

Any wound leaking/draining to a moderate/heavy level
A wound that has been debrided (may be autolytic or mechanical)



Wound Information

Type of wound(s) or ICD-10 Codes (L98.499 and L89.499)
Location of each wound
Size of wound(s) in cm (L x W x D)
Amount of drainage or exudate (HidraWear is suitable for Moderate to Heavy amounts of exudate)



Treatment Plan

Type & Size of dressings to use
Amount to be used at one time
Frequency of the dressing change (e.g., 1 per day)
Expected duration (up to 90 days)



Provider's Information

Name, NPI # and signature

30 dressings per qualifying wound per month
+ 1 Dressing Retention Baselayer per affected body part (initial order)

Order is
placed

Insurance is
verified

Supplies are
shipped

We provide
patient & clinic
with status updates



Delivered to patient