HidraWear

REDEFINING PATIENT LED WOUND CARE

HidraWear is the worlds first **HS specific** wound care product designed to make managing HS drainage quick and easy, and completely adhesive free. It is a unique Wearable Wound Care system for the management of wounds in difficult to dress areas, such as the under-arm region, or buttocks, groin & upper thigh.

Our **NEW** dressing retention system combines reusable garments with a super absorbent dressing requiring no adhesive and is secured using our patented HidraHex technology.

Each garment utilizes our patented HidraHex technology to enable patients to easily change their dressing day or night

HidraWear Garments Incorporate:



HidraHex

The hexagon pattern is designed to minimize leaks and strike through while remaining fully breathable & promoting wicking.



SeamSense

All HidraWear garments incorporate outward facing seams in traditional areas of high friction. This ensures a super soft skin contacting surface where it matters most, reducing risk of irritation to provide smooth movement.



Easy On

HidraWear Garments are specifically designed to be easy to get on and off, with the women's underarm crop top incorporating a front closing clasp



AeroSilk

All HidraWear garments are made of a premium micro modal and elastane blend fabric that is soft and breathable.



TrueFit

Adjustable straps in the women's underarm crop top enable a tailored fit.

Retention Dressing System includes a washable garment and non adhesive super absorbent dressings HidraWear

\varTheta HidraWear

HidraWear Dressing

3 x 5 inch super absorbent dressing that locks away moisture from the wound while protecting clothing and bed-linen from exudate strike through. **HidraHex Hook & Loop** retention technology secures the dressing in place without use of any adhesives.

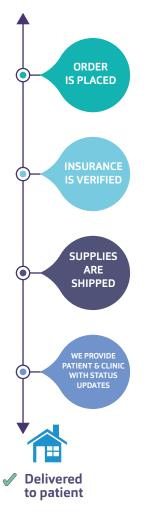




HidraWear can now be prescribed to your patients, with their monthly supply delivered directly to their home

Simply fill in the order from on page 3 & email or fax along with your patient info page (See right for filled in example)

How It Works:



	Clinic Name ABC Dermatology						Woi		Rotec dCare Compl	h		θ	Η	idı	a	Ne	ar			
	Clinic Phone 123-456	90		1101		icure compi	cit													
	Patient Name		FAX # (866) 220-8963 Fax or email* with Patient Information Sheet orders@rotech.com Phone # (888) 711-2014											1						
	Order 11 0				AE Name		-		AE ID	· ·		-								
	Date:	-2022						L						I						
	Have patient's wound	l/s ever been deb	_		Ľ	Is patient curr	rently s	een by	Home	Healt	:h?	C] YES	NO						
ICD-10	L73.2-Hidradentis suppurati	va L98.499-Non-pr ulcer o																		
_	ICD-10 (See ICD-10 legend above) (Wound Thickness (HidraWear dressing requires Full)			LOCATION			Wound Size (cm) (L x W x D)				Drainage (Exudate) HidraWear Dressing requires M - H				
INFORMATION	Wound 1:		I D Full	Right	Ar		2.5 x 1.2 x 0.2			N		M D H D								
MA ⁻	Wound 1: 273.2 + 98.499 Wound 2: 273.2 + 98.419						-		WI PIT	4.6 x 2.8 x 0.2					M []	н 🗉				
FOR	Wound 3:		,		 Partia Partia 	~ ~			-											
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	Crop Top		Bias decisio	n to bust size - l	f between size	es, downsizing i	s preferred			Hidro Moor is the first and anti-										
		Small Medium		Larg	X-Large	XX-Larg	e	-	HidraWear is the first and only Hidradentis Suppurativa (HS) specific											
		Bust (Inch)	32-36	36-40	46.44	44-48	48-52	_	rde											
		Waist (Inch)	24-28	28-32		36-40	40-44		st o	wound dressing system, intended for use by people with wounds in										
ß	Unisex T	Unisex T Bias decision to chest size - I							iji H	difficult to dress areas of the body										
Garment Sizing		Chest (Inch)	Small 34-38	Medium 38-42	Large 42-46	X-Large 46-50	XX-Large 50-56	e	wit	such as the armpit, buttocks & groin.										
	V	Waist (Inch)	30-34	34-38	38-42	40 30	46-52		ded	It is comprised of a reusable										
arm	Women's Shorts	between sizes	. downsizing is	One Garment provided with first order	washable garment along with															
O	(Wold	Medium	Large	XX-Larg	e	ť	ergonomically designed single-use													
		Waist (Inch)	24-28	28 52	32-36	X-Large 36-40	40-44		rme	wound pads that come with a										
		34 - 381/2	38 - 42 ^{1/2}	421/2 - 461/2	46 ^{1/2} - 50 ^{1/2}	50 ^{1/2} - 54 ¹	/2	e Ga	patented dressing fastener.											
	Men's Shorts	between sizes	, downsizing is	preferred		ŏ	HidraWear is clinically proven to													
			Small	Medium	Large	X-Large	XX-Larg	e	* *	assure secure dressing retention without the use of adhesives										
		Waist (Inch) Hip (Inch)	30-34 35 - 39 ^{1/2}	34-38 39 ^{1/2} - 43 ^{1/2}	38-42 43 ^{1/2} - 47 ^{1/2}	42-46 47 ^{1/2} -51 ^{1/2}	46-52 51 ^{1/2} -55 ¹	0												
		Hip (Inch)	32 - 39	39 - 43~-	43*** - 47***	47 - 51 -	51 55-	55		<u> </u>										
	Wound Care		Drainage	Max Units		Frequency of	Wound Num Wound Woun				<u> </u>	(✓ for supplies) Wound Wound								
	(Please Check		Required	per Would per Month		Change Daily unless Spec.	Wοι #1	und #2	Wou #3	ind #4	Woi #5		Woi #7	und #8						
LIES	Hidrawear Garment	ove)	-	**			1	#∠ √	#3	11-4	#3	#0	#/	#0						
DRESSING SUPPLIES	Hidrawear Dressing P		Mod/Heavy	30			,	7												
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DRE	Gelling Fiber Super A	51 <u></u>	- Mod/Heavy	30	+															
					Τ															
1	Practitioner Name Practitioner Name Practitioner Name					ne Practitioner Name			Practitioner Name			Practitioner Name								
1	Dr. Sam Johnson, MD											Treating Practitioner								
	Johnson, 21D □ NPI# 987654321 □ NPI# □ NPI#								NPI# MUST check mark their respective box											
	* I request that payment of m my home cannot be returned	y insurance benefits for	or any supplies	be made to Roted	th Healthcare In	c. I am responsi e to Rotech Heat	ble for any ba	alance iv inf	e due that is not co	overed by	my insu	irance. efits na	l under	stand a	ny produ supplies	uct recei	ved in ices. I			
щ			-	Rotech Healthcare	Inc. provides to	o all patients.	am responsible for any balance due that is not covered by my insurance. I understand any product rece Rotech Healthcare Inc. any information needed to determine benefits payable for these supplies or serv patients.													
TUR	Patient	Signature*:	m	5					Date: //-2-2022											
SIGNATURE	I attest by my signature that it	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 gner. The requested supplies are medically necessary and the wound(s) has/have been debrided and/or surgically created or modified. I have								Duration of Treatment will										
SIC	instructed the patient on how to use the supplies being requested.								eu. i fidve	be 90 Days unless specified:										
	X Practitioner	Signaturo							Signed 11-2-2022											
			Received and a first	P		Date	:	,,,	a	uν	αα									
* If emailing, please use encrypted/secure email. Communications via unencrypted email are not secure and there is a possibility PHI may be misdirected or intercepted.																				

Size Matters:

For best user experience please ensure you take your measurements prior to selecting a size. If in between sizes, downsizing is typically recommended. If you are unsure of your size, please take the time to contact our customer care team - call toll-free (888) 711 2014 or email hidrawear@rotech.com

For further support please contact us on Call: (888) 711 2014 Email: hidrawear@rotech.com

Rotech WoundCare Complete is an authorised distributor for HidraWear

NOW AVAILABLE ON PRESCRIPTION

	Clinic Name						W our	Rotec			Θ	Hi	dı	a	Ne	a	
	Clinic Phone			Would		ele											
	Patient Name			FAX # (866) 220-8963 Fax or email* with Patient Information Sheet orders@rotech.com Phone # (888) 711-2014													
	Order		1				AE Name	tech.com Phone # (888) 711-2014									
	Date:																
	Have patient's wound/	/s ever been deb	rided?	YES N	0			Is patient cur	rently s	een by	Home	Healt	h?		YES	NO	
ICD-10	L73.2-Hidradentis suppurativa	a L98.499-Non-po ulcer o	ressure chronic of skin	L98.419-Non-p ulcer of skir	ressure chroni n / Buttocks	c											
	ICD-10 (See ICD-10 legend above)					Thickness		Wound Size (cm)			111	Drainage (Exudate)					
7						ear dressing res Full)	LO	CATION	(L x W x D)				HidraWear Dressing requires M - H				
WOUND INFORMATION	Wound 1:	Parti							N	L		м	н				
RMA	Wound 2:				Parti	al Full						Ν	L		М	н	
NFO	Wound 3:				Parti	al Full						Ν	L		М	н	
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	A	24-28	28-32	32-36	36-40	40-44	tor	wound dressing system, intended for									
Garment Sizing	Unisex T Bias decision to chest size - I					zes, downsizing	is preferred	firs	use by people with wounds in difficult to dress areas of the body								
	(bar)		Small Medium		Large	X-Large	XX-Large	with	such as the armpit, buttocks & groin.								
	Waist	Chest (Inch) Waist (Inch)	34-38 30-34	38-42 34-38	42-46 38-42	46-50 42-46	50-56 46-52	ded	It is comprised of a reusable								
	Women's Shorts				s, downsizing is		Garment provided with first order	washable garment along with									
G	Wointen's Shorts	Small	Medium	Large	X-Large	XX-Large	ut b	ergonomically designed single-use									
		Waist (Inch)	24-28	28-32	32-36	36-40	40-44	n n n n n n n n n n n n n n n n n n n		•				me with a			
		Hip (Inch)	34 - 381/2	38 ^{1/2} - 42 ^{1/2}	421/2 - 461/2	46 ^{1/2} - 50 ^{1/2}	50 ^{1/2} - 54 ^{1/2}	e Ga	patented dressing fastener.								
	Men's Shorts		Bias decision	to hip size - If	between size	s, downsizing is	preferred	on	HidraWear is clinically proven to assure secure dressing retention								
	Waist		Small 30-34	Medium 34-38	Large 38-42	X-Large 42-46	XX-Large 46-52	* *	without the use of adhesives								
	H.	Waist (Inch) Hip (Inch)	30-34 35 - 39 ^{1/2}	39 ^{1/2} - 43 ^{1/2}	43 ^{1/2} - 47 ^{1/2}	_	51 ^{1/2} - 55 ^{1/2}	-									
				1				Wound Number (✔ for supplies)									
	Wound Care p					Drainage	Max Units per Wound	Frequency of Change Daily	Wound Wound Wound Wourd								
S	(Please Check I				Required	per Month	unless Spec.	#1		#3	#4	#5	#6	#7			
DRESSING SUPPLIES	Hidrawear Garment (Circle style and size on sizing chart abo Hidrawear Dressing Pad Super Absorbent (5x3) (recommended)					-	**										
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SING	Xeroform: (2x2) (4x	1 1 1				-	30										
RES	Telfa Non-Adherent Pa		, , ,	(4x8) Othe	er	-	30									<u> </u>	
	Gelling Fiber Super Absorbent: (2x2) (4x4) (6x6) (8x8)					Mod/Heavy	30										
	Practitioner Name Practitioner Name Practitioner Na			Practitioner Nar	ne G	ractitioner Nam	le Pro	ctitioner Name	Practitioner Name								
V							enconer nume	Treating Practitione							ioner		
	NPI#		101//			ND	ц	Ν					MUST check mark their respective box				
	NPI# NPI# NP						NPI	NPI#									
ш	* I request that payment of my insurance benefits for any supplies be made to Rotech Healthcare Inc. I am responsible for any balance due that is not covered by my insurance. I understand any product received my home cannot be returned if opened. I authorize any holder of my medical information to release to Rotech Healthcare Inc. any information needed to determine benefits payable for these supplies or services acknowledge receipt and understanding of the patient rights that Rotech Healthcare Inc. provides to all patients.													ved in ices. I			
TUR	Patient	Signature*:							Date:								
SIGNATURE	I attest by my signature that it is signer. The requested supplies a instructed the patient on how t	are medically necess	ary and the wou							tion o Days				1:			
		instructed the patient on how to use the supplies being requested. be 90 Days unless specified: X Practitioner Signature: Signed Date:															

What is needed to process an order?

The following information is a general checklist of the items required on a standard written order (Rotech form or any written order) by most insurance plans, including Medicare.



Qualified Wound Is Present

Medicare covers surgical/wound dressings when a qualifying wound is present. CMS defines a qualified wounds as either of the following:

- A wound caused by, or treated by a surgical procedure
- After debridement of the wound, regardless of the debridement technique

Document debridement TYPE used to remove devitalized or necrotic tissue from wound (examples given are not all-inclusive):

Surgical: sharp instruments or laser

- Mechanical: irrigation or wet-to-dry
- Chemical: topical application of enzymatic agents

Autolytic: application of an occlusive dressing to open wound



Wound Information

- Type of wound(s) or ICD-10 Codes
- Location of each wound
- Size of wound(s) in cm (L x W x D)
- Amount of exudate



Provider's Information

Provider's name and NPI
If unable to obtain signature when order is placed, please note where signature request should be sent (if it is different than clinic)

How easy is it to order and have supplies shipped to patients?

- Rotech's one-page order form takes just 45 seconds to complete. (...yes we timed it!)
- As an added bonus, Rotech is an option when ordering via iHeal, Wound Expert & Intellicure.

How quickly are supplies delivered?

• With the exception of a PO Box address, orders are shipped and delivered within 24-48 hours

What if Rotech is not contracted with a patient's insurance plan?

- In most cases, Insurance is verified within an hour of receiving the order, and once approved, supplies ship the same day.
- If Rotech is not contracted with a patient's plan, we will do our very best to find a company that is, notifying you along the way!

Treatment Plan

- Type of dressing to use
- Size of the dressings
- Amount to be used at one time
- Frequency of the dressing change
 - Expected duration (up to 90 days)



3

Patient's Demographic Info / Face Sheet

Having this information right away allows us to begin verifying insurance benefits and helps avoid any delays in shipment.

Will Rotech substitute products when I request brand specific products?

- Brand specific products will not be substituted for a lesser product.
- If there is a reimbursement issue or a product is not available, our team will confirm any changes with you prior to shipping supplies.

Our staff does not have time to deal with unnecessary phone calls. Is this something we should expect?

- Not only does our team value your time but we respect it. You are unlikely to receive any calls from us unless we are returning a call to you.
- Our team will fax order updates to confirm shipment and make you aware of any delays.