

QUESTIONS? Contact A Patient Representative at McCormick Medical
Phone: (425) 778 - 4421
Fax: (425) 776 - 2433
E-Mail: asept@mccmed.com

Physician's Written Order

ASEPT[®] Pleural & Peritoneal Drainage Supplies



Start Date: ____/____/____ **All fields are required to process an order.**

PATIENT	First:	Last:	MI	D.O.B.:	/	/	
	Gender:	M	F	N/A	E-Mail Address:		
	Street Address:				Phone #:		
	City:	State:		Zip:			
	Alternative Patient Contact:				Alternative Contact Phone #:		

DOCTOR	Prescribing Physician Name:			INSURANCE	Primary Insurance:		
	Address:				Policy/ID #:		
	City:	State:	Zip:		Group #:		
	Phone #:				Phone #:		
	NPI #:				Secondary Insurance:		
	Placement Facility:				Policy/ID #:		
	Alternative Physician Contact:				Group #:		
	Alternative Phone #:				Phone #:		

FREQUENCY OF USE	<p>Please indicate the prescribed frequency of use and the quantity to be dispensed. Has this patient ever ordered these supplies before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Single Drain: Once Per Day (90 ASEPT Drainage Kits in 90 Days) Every Other Day (50 ASEPT Drainage Kits in 90 Days) Other (_____ ASEPT Drainage Kits in 90 Days)</p> <p>Bilateral Drain Once Per Day (180 ASEPT Drainage Kits in 90 Days) Every Other Day (90 ASEPT Drainage Kits in 90 Days) Other (_____ ASEPT Drainage Kits in 90 Days)</p> <p>Please Note: Each case includes 10 ASEPT Drainage Kits. Each Drainage Kit contains: vacuum bottle with drainage line, foam pad with slice for catheter placement, clear adhesive dressing, alcohol wipes (3), 4"x4" gauze pads (6), gloves (2x), and emergency slide clamp.</p>		DIAGNOSIS	<p>PRIMARY— location of fluid accumulation (Required)</p> <p>Please check appropriate diagnosis:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> J91.8 Unspecified Pleural Effusion <input type="checkbox"/> J91.0 Malignant Pleural Effusion <input type="checkbox"/> J90 Pleural Effusion <input type="checkbox"/> R18.0 Malignant Ascites </div> <div style="width: 45%;"> R18.8 Other Ascites Other: _____ Other: _____ </div> </div> <p>SECONDARY – Condition Causing Drainage Treatment (Required)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> C34.90 Lung Cancer C50.919 Female Breast Cancer 50.929 Male Breast Cancer Other: _____ </div> <div style="width: 45%;"> <input type="checkbox"/> I50.9 Heart Failure C56.9 Ovarian Cancer Other: _____ </div> </div>	
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I certify that I am the physician/practitioner identified on this form. I have reviewed the Physician's Written Order. Any statement on my letterhead attached hereto, has been reviewed and signed by me. I certify that the medical necessity information is true, accurate and complete, to the best of my knowledge. I certify I am qualified, under CMS guidelines, to sign and prescribe medical equipment and supplies. I certify that the patient/caregiver is capable and has successfully completed training or will be trained on the proper use of the products prescribed on this Written Order. The patient's record contains supporting documentation that substitutes the utilization and medical necessity of the products listed and physician notes and other supporting documentation will be provided to McCormick upon request. I understand any falsification, omission, or concealment of material fact in that section may subject me to civil or criminal liability. A copy of this order will be retained as part of the patient's medical record.

Physician's Signature: _____ **Date:** _____ **NPI #:** _____

Printed Name: _____

****Please E-Mail or Fax Forms - Refer to top left corner of this page****

Please check this box if you would like to receive confirmation this prescription was received. E-Mail or Phone #: _____

Please note that incomplete or incorrect forms may experience delays in processing.

This prescription or the information contained herein may be shared with or reported to PFM Medical, Inc. the product manufacturer, for quality purposes to ensure that the necessary resources are available to service patients using the ASEPT Catheter Systems product line. Such information is furnished in compliance with HIPAA to allow for the best treatment of the patient.