



Wound Care

Northborough, MA: toll free (855) 880-1091 toll free fax (844) 265-0265

www.allcarepluspharmacy.com

PATIENT INFO	
Patient Name	
Address	
City, State, Zip	
Phone	
Social Security	
Date of Birth	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

PRESCRIBER INFO	
Prescriber Name	
Group/Hospital	
Address	
City, State, Zip	
Phone	Fax
DEA/NPI #	
Preparer Name/Office Contact	

INSURANCE: PLEASE FAX COPY OF PRESCRIPTION CARD & MEDICAL CARD FRONT & BACK

CLINICAL INFORMATION

Wound Care Plan:

Wound Location

Diagnosis Code:

*Wound #1: ____ cm X ____ cm _____

*Wound #2: ____ cm X ____ cm _____

*Wound #3: ____ cm X ____ cm _____

*Wound #4: ____ cm X ____ cm _____

*Wound #5: ____ cm X ____ cm _____

*Wound #6: ____ cm X ____ cm _____

*Wound #7: ____ cm X ____ cm _____

*Wound #8: ____ cm X ____ cm _____

Other: _____

Are any of wounds a burn? Yes No

Please list any known allergies to medication or other substances:

PRESCRIPTION INFORMATION

DRUG	DOSAGE/STRENGTH	DIRECTIONS	QUANTITY	REFILLS
<input type="checkbox"/> Collagenase SANTYL® Ointment	(250/units/g)-30g/90g	Apply to wound once daily (or more frequently if the dressing becomes soiled) for _____ days	Dispense qty sufficient for _____ days	_____

Physician Signature: _____ Date: _____

I authorize AllCare Plus Pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process.
IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should the material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee. This is a patient enrollment form for the above mentioned therapies. Patients have the right to use the Pharmacy of their choice, if AllCare Plus Pharmacy is the Pharmacy of choice, please follow up with a call in, electronic, faxed or mailed prescription to AllCare Plus Pharmacy, 50 Bearfoot Road, Northborough, MA 01532. (Phone) 1 855 880 1091 (Fax) 1 844 265 0265