

**HOME AND COMMUNITY CARE SUPPORT SERVICES**

Waterloo Wellington

141 Weber Street South  
 Waterloo ON N2J 2A9  
 Phone (Intake): 519 883 5500  
 Fax (Intake): 519 883 5550  
 Toll Free Phone: 1 888 883 3313

Name _____	
Address _____	
City _____	PC _____
Phone _____	DOB _____
HCN _____	VC _____

**\*\*Please complete all fields\*\***

Contraindications for NPWT (Please complete specific wound or best practice order below)

Malignancy in the wound	Arterial Ulcer with non-healing ABI < 0.5
Exposed blood vessels	Necrotic tissue with eschar > 20%
Unexplored or non-enteric fistulas	Untreated osteomyelitis or untreated wound infection
Unresolved bleeding or hematological disorders	

Wound Type: \_\_\_\_\_

Wound Location: \_\_\_\_\_

Wound Measurement: L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

Therapy Setting:  Continuous  Intermittent**Cardinal Health: NPWT PRO**

Foam Type: Black Foam

 Small (10x8x3cm)  Medium (20x12x3cm)  
 Large (25x15x3cm)  X-Large (58.5x33x3cm)

White Foam

 Yes  No

Interface

 Yes \_\_\_\_\_  No

Pressure Setting:

 50 mmHg  
 75 mmHg  
 100mmHg  
 125mmHg  
 150mmHg
 Wound care orders:

OR

 Wound Care as per Best PracticeNPWT initiated in Hospital:  No  Yes \*if yes, date initiated: \_\_\_\_\_**Negative Pressure Wound Therapy (NPWT) Order Form**

Name (please print): \_\_\_\_\_ Phone# (Private): \_\_\_\_\_  
 MD  NP  NSWOC  CNS

Signature: \_\_\_\_\_ Physician Billing/CNO#: \_\_\_\_\_

Date: \_\_\_\_\_

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