

# ONE SOURCE MEDICAL SOLUTIONS, INC.

## OSTOMY SUPPLIES PHYSICIAN ORDER

### Patient Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

DOB: \_\_\_\_\_

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

### Ordering Physician

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### Please Complete and Fax To:

**ONE SOURCE MEDICAL**  
**1555 W. Mockingbird Ln.**  
**Suite #210**  
**DALLAS, TEXAS 75235**

**(214) 421-7000 Office**  
**(214) 421-7001 Fax**

### Check Diagnosis(es)

<input type="checkbox"/>	<b>Z93.2</b>	<b>Illeostomy</b>
<input type="checkbox"/>	<b>Z93.3</b>	<b>Colostomy</b>
<input type="checkbox"/>	<b>Z93.6</b>	<b>Urostomy</b>

**Duration of need for supplies:** \_\_\_ month(s)

**Number of Refills:** \_\_\_\_\_ month(s)

**Additional Comments:**

Medicare Allowable	Accessories	HCPCS Code	Check Item Ordered
4 oz per month	Paste 2 oz	A4406	
Undefined	Deodorant	A4394	
1 per month	Ostomy Belt	A4367	
150 per 6 months	Skin Barrier Wipes	A5120	
10 oz per 6 months	Powder	A4371	
2 per month	Bedside Drain Bag	A4357	
	Tape	A4450/A4452	
20 per month	Conformable Seals	A4385	
20 per month or 60 per month	Skin Barrier Solid 4"x 4" or Hydrocolloid Barrier strips (each box/ 10 billing units)	A4362	
Medicare Allowable	Pouches For Two-Piece System	HCPCS Code	Check Item Ordered
20	12" Drainable	A5063	
20	10" Drainable	A5063	
20	6" Drainable	A5063	
60	8" Closed no filter	A5054	
60	8" Closed with filter	A4419	
20	Urostomy (flip flow valve)	A4432	
Medicare Allowable	Wafers For Two-Piece System	HCPCS Code	Check Item Ordered
20	Standard Wear Wafer	A4414	
20	Standard Wear Wafer Larger than 4"x4"	A4415	
Undefined	Extended Wear Wafer	A4409	
Undefined	Extended Wear Wafer Larger than 4"x4"	A4410	
Undefined	Extended Wear Wafer With Convexity	A4407	
Medicare Allowable	One-Piece Systems	HCPCS Code	Check Item Ordered
20	1-Piece Drainable 6" or 12" Standard Wear	A5061	
Undefined	1-Piece Drainable Extended Wear	A4388	
60	1-Piece Closed Standard Wear	A4416	
Undefined	1-Piece Urinary Extended Wear with convexity (flip flow Valve)	A4430	

*My signature below states that this patient has an ostomy and is being treated by me. The information in this physician's order is accurate and my documentation confirms medical necessity for the products I have listed.*

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NPI#** \_\_\_\_\_