CLOCK MEDICAL SUPPLY, INC.
SOLVING PROBLEMS / DELIVERING SOLUTIONS

901 INDUSTRIAL BLVD PO BOX 620 WINFIELD, KS 67156-0620
PHONE: 1-620-221-0550 TOLL FREE: 1-800-362-1314 FAX: 1-620-221-7460

FAX

To:

From:

Fax:

Pages: 2 **(including cover page)**

Phone:

Date: 09/23/2015

RE:

Patient DOB:

OSTOMY ORDER

To Whom It May Concern:

Please review the following order and complete the information where the ➡ indicates

Also verify that all the information is correct or make corrections acccordingly.

THANK YOU

Please complete the following:

Is the patient currently on Home Health

Doctor's Notes

Surgical Notes

Physician's Signature and the Date

And FAX to 620-221-7460

Thank you for your time and help

HAVE A GREAT DAY!

OSTOMY ORDER

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www.ClockMedical.com
Solving Problems / Delivering Solutions

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Winfield, KS 67156
Phone: 620-221-0550
Toll Free: 800-362-1314
Fax: 620-221-7460

Patient Name: _____

Address: _____

City/ST/Zip: _____

Phone: _____

Start Date: _____ **DOB:** _____

30 days dispensed for 12 months

Update of Order: _____

Is this patient currently on Home Health? ☐ Yes ☐ No

If yes, Home Health Name: _____

Type of Ostomy: ☐ Ileostomy ☐ Colostomy ☐ Urostomy

Items to be dispensed per month:

1 piece system (bags): _____ Closed _____ Drainable

2 piece system (barriers and bags): _____ Barrier _____ Closed _____ Drainable

Ostomy Accessories:

20 each Barrier Seals	20 each Strips	4 oz Paste	_____ Powder
50 each Skin Prep	50 each Adhesive Remover	1 roll Tape	1 bottle Deodorant
1 each Ostomy Belt	16 oz Incontinent Wash	1 bottle Stoma Lubricant	

Urostomy Accessories:

1 pkg 4x4 Gauze	2 each Leg Bag	2 each Urinary Drainage Bag

2 each every 6 months Irrigation Bag

2 each every 6 months Irrigation Cone

4 each Irrigation Sleeves

_____ Lubricant

Physician Signature: _____ Date: _____

Physician's Name: _____ Fax #: _____