WOUND CARE REFERRAL FORM

Albertsons Companies Specialty Care | MEDCART SPECIALTY PHARMACY | Jewel Osco. | Albertsons | SAFEWAY | VONS | ACME | shaw's | star market | PAVILIONS | CARRS | Randalls | Tom Thumb

Patient Information

Patient Name: _____ DOB: _____ Sex: ☐ M ☐ F

Phone: _____ Cell Phone: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

ICD-10 Diagnosis Code: _____ Diagnosis: _____

Allergies (please note reaction): _____ ☐ Latex

Current Medications: (list here or attach a medication list): _____

_____

Comorbidities: (list here or attach a list): _____

Prescription Information

INSURANCE INFORMATION – FAX COPY OF PATIENT'S INSURANCE CARD – BOTH SIDES

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
☐ Regranex (becaplermin)	0.01% Gel	☐ Apply to wound(s) once a day for ____days with a max of _____grams per day.	☐ 15 grams ☐ _____grams	
☐ Santyl Ointment	250 units/gm	☐ Apply to wound(s) once a day for ____days with a max of _____grams per day. ☐ Apply to wound(s) once a day for ____days with a max of _____grams per day.	☐ 30 grams ☐ 90 grams ☐ Quantity sufficient per the manufacturer's dosing calculator ☐ _____grams	
☐ Other Medication				

Treatment History: ☐ New to Therapy ☐ Continuation of Therapy

Wound Care Plan:

☐ Wound #1 _____cm x_____cm Location: _____ ☐ Wound #2 _____cm x_____cm Location: _____

☐ Wound #3 _____cm x_____cm Location: _____ ☐ Wound #4 _____cm x_____cm Location: _____

☐ Wound #5 _____cm x_____cm Location: _____ ☐ Wound #6 _____cm x_____cm Location: _____

☐ Total Body Surface Area (TBSA) _____ Location(s): _____

Per Santyl Wound Calculator: _____max grams per day for stated wound(s) size(s).

Prescriber Information

Prescriber Name: _____

State License #: _____ DEA #: _____ NPI: _____

Additional Contact Person Name: _____

Group or Hospital: _____ Phone: _____

Fax: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Prescriber Signature: _____ _____ _____

Product Substitution Permitted | Dispensed as Written | Date

The prescriber is to comply with state specific prescription requirements such as e-prescribing, state specific prescription form, fax language, etc. Non-compliance with state specific requirements could result in outreach to the prescriber.

Delivery Information

☐ Ship to Patient ☐ Ship to Prescriber/Clinic ☐ Pick up at Albertsons Companies Pharmacy Date Medication Needed: _____

Phone: 877-466-8028 | Fax: 877-466-8040
www.albertsons.com/specialtycare

E-Scribe Information:
Albertsons/Safeway Pharmacy • 12874 E. Florence Ave.
Santa Fe Springs, CA 90670 • NCPDP 5617418 • NPI 1164451100