

Your
Hospital's
Logo
Here

SUPPORT SURFACES Order Form

PATIENT IDENTIFICATION

Complete ALL Sections BEFORE Faxing to SPD (x7095)

PATIENT'S NAME:	ROOM #:	DATE:
ORDERING PHYSICIAN:	ATTENDING PHYSICIAN:	
REQUESTING NURSE / TITLE:	EXTENSION:	

CHECK the Clinical Situation that Applies + Product Requested

- **≥ 2 STAGE IV wounds and location of wounds on ≥ 2 Turning Surfaces**
 - **D.F.S. (Dynamic Flotation System) ----- [\$30 / day]**

- **Post-Operative FLAP -or- GRAFT Surgery**
 - **D.F.S. (Dynamic Flotation System) ----- [\$30 / day]**
 - **Flexicair (Low Airloss Therapy Bed) ----- [\$45 / day]**
 - **Clinitron (Air Fluidized Therapy) ----- [\$55 / day]**

- **Patient WEIGHT ≥ 300 lbs and is IMMOBILE**
 - **Obesity Bed ----- [\$85 / day]** Weight: _____
 - **AND has Stage I - IV PRESSURE ULCERS**
 - **Obesity Bed [\$85 / Day] with Flexicair Eclipse
Ultra Overlay [\$50 / day] ----- [\$135 / day]**

Processing INSTRUCTIONS

Fax SIGNED Order to Sterile Processing Dept (Ext. 7095) between 07:30 - 10:30 daily.

- *Unsigned orders can NOT be processed.*
- *Beds will NOT be ordered during the Night Shift.*

Place top copy of this form on Patient's Chart

Call SPD (x7566) to discontinue D.F.S., FLEXICAIR, CLINITRON or OBESITY BEDS as soon as patient is scheduled to come off these therapies. This ...

- *Triggers order for Rental Company to pick-up their bed; and*
- *Halts bed rental charges posting to patient's account.*

VERBAL ORDERS ACCEPTED		REQUIRED	
PHYSICIAN SIGNATURE:		NURSE SIGNATURE / TITLE:	
STERILE PROCESSING DEPT Use Only			
PURCHASE ORDER #:		RENTAL COMPANY CONTACT NAME:	
ESTIMATED TIME OF BED ARRIVAL:	(Military Time)	ORDER PLACED BY: (SPD Tech /Supervisor)	

TOP COPY = Medical Record

SECOND COPY = ET Nurse (via in-house mail)

PART OF THE MEDICAL RECORD