HANDI MEDICAL SUPPLY

Standard Written Order: Ostomy

Prescriber Information

Clinic/Location Name:
Prescriber Name:
Prescriber Address:
Prescriber City State Zip:
Prescriber Phone:
Prescriber Fax:
Prescriber NPI:

Patient Information

Patient Name:
Patient Address:
Patient City State Zip:
Phone:
DOB:
Primary Insurance:
Handi Customer Number:
Doc ID#:

Description & Model #	HCPCS	Dispensing Qty	Frequency of Change

Please select the appropriate diagnosis:

- ☐ K94.00 Colostomy complication, unspecified
- ☐ K94.10 Enterostomy complication, unspecified
- ☐ Z43.2 Encounter for attention to Ileostomy
- ☐ Z43.6 Encounter for attention to other artificial openings of urinary tract
- ☐ Z93.2 Ileostomy Status
- ☐ Z93.6 Other artificial openings of urinary tract status
- ☐ K94.03 Colostomy malfunction
- ☐ K94.13 Enterostomy malfunction
- ☐ Z43.3 Encounter for attention to Colostomy
- ☐ Z93.3 Colostomy Status
- ☐ Other:_____

1. Ordered Date: _____ **2. Length of Need:** _____

Leaving blank presumes Lifetime (99 months)

3. Additional Comments:

4. _____ _____

Physician/NP/PA/Medical Practitioner Signature — Date

: Signer must match Prescriber Information at the top of this form, or be updated below

Print New Prescriber Name: _____ NPI: _____

 Form: 0546-20210818 **Tel: 651-644-9770 or 800-514-9979** 2505 University Avenue West, St. Paul, MN 55114