

WOUND CARE ENROLLMENT FORM

Collagenase SANTYL® Ointment

PLEASE FAX TO: 847.427.7975

PHONE: 800.410.8575



Orsini

Specialty Pharmacy
Services

TM # _____

Clinic: _____ Clinic Phone: _____ Clinic Fax: _____

Clinic Address (City, State, Zip): _____ Prescriber Email: _____

*Indicates required field

PATIENT INFORMATION

*Patient Name: _____

*Date of Birth: _____

*Gender: M ☐ F ☐

*Address: _____

*City: _____

*State: _____

*Zip: _____

*Home Phone #: _____

Alternate Phone #: _____

Ship to: ☐ Patient

*Are any of wounds a burn? Yes ☐ No ☐

PATIENT INSURANCE INFORMATION

PHARMACY BENEFIT PLAN (PBM)

*PBM Name: _____

*Policyholder Name: _____

*Relationship to Patient: _____

*PBM Phone #: _____

*Policy #: _____

*Group ID #: _____

*Rx BIN #: _____

*PCN #: _____

PATIENT DIAGNOSIS

*Diagnosis-Code: _____

Please list any known allergies to medication or other substances: _____

Wound care plan:

Wound Location:

*Wound #1: ☐ _____ cm x _____ cm

*Wound #2: ☐ _____ cm x _____ cm

*Wound #3: ☐ _____ cm x _____ cm

*Wound #4: ☐ _____ cm x _____ cm

*Wound #5: ☐ _____ cm x _____ cm

*Wound #6: ☐ _____ cm x _____ cm

*Wound #7: ☐ _____ cm x _____ cm

*Wound #8: ☐ _____ cm x _____ cm

Other: ☐ _____

PHYSICIAN INFORMATION

☐ *Prescriber Name: _____

NPI #: _____

☐ *Prescriber Name: _____

NPI #: _____

☐ *Prescriber Name: _____

NPI #: _____

☐ *Prescriber Name: _____

NPI #: _____

☐ *Prescriber Name: _____

NPI #: _____

☐ *Prescriber Name: _____

NPI #: _____

☐ *Prescriber Name: _____

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NPI #: _____

☐ *Prescriber Name: _____

NPI #: _____

☐ *Prescriber Name: _____

NPI #: _____

☐ *Prescriber Name: _____

NPI #: _____

PRESCRIPTION INFORMATION

Patient Name: _____

*Date: _____

Drug: Collagenase SANTYL® Ointment (250 units/g) - 30g/90g

*Sig: Apply to wound once daily (or more frequently if the dressing becomes soiled) for _____ days.

*Quantity: ☐ Dispense qty sufficient for _____ days

*Refills: _____

PROVIDER SIGNATURE

☐ May substitute

☐ May NOT substitute

Prescriber's Signature _____

Date of Signature _____

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