PRODUCT	SIZE (cm2)	Q CODE	QUANTITY	PATIENT ID#	WOUND LOCATION	IVR APPROVAL #	TREATMENT WEEK #
DERMABIND-TL	2 x 2	Q4225					
DERMABIND-TL	3 x 3	Q4225					
DERMABIND-TL	4 x 4	Q4225					
DERMABIND-TL	6.5 x 6.5	Q4225					
DERMABIND-FM	2 x 2	Q4313					
DERMABIND-FM	3 x 3	Q4313					
DERMABIND-FM	4 x 4	Q4313					
DERMABIND-FM	6.5 x 6.5	Q4313					

PROVIDER'S BILLING INFORMATION

CLINIC NAME: _____

PHYSICIAN NAME: _____ PHYSICIAN NPI #: _____

BILLING ADDRESS: _____

CONTACT PERSON: _____

EMAIL: _____ PHONE: _____

SALES PERSON

ORDER DATE: _____

REP NAME: _____ REP EMAIL: _____

SHIPPING INFORMATION

☐ CHECK IF SAME AS BILLING

CLINIC NAME: _____ CONTACT PERSON: _____

SHIPPING ADDRESS: _____

EMAIL: _____ PHONE: _____

TREATMENT DATE: _____ OVERNIGHT SHIPPING REQUESTED ○ Yes ○ No

☐ 8am ☐ 10:30am ☐ 5pm

ORDERING INFORMATION & INSTRUCTIONS

- Email this completed form for each patient to: **sales@mdconsultinghealth.com**
- Orders received Prior to 2pm MST may be eligible for same day shipping
- Orders will be shipped via 2-day transportation (included), unless expedited shipping is requested (additional fees may apply)
- Available products will be confirmed by email and will ship within 1 business day

DermaBind