

Nursing Home Dressings Order Form

Practice name: _____

From: Nursing Home		Ordered by (PRINT CAPITALS)	
For: Patient		DOB	/ /
Wound: Type & Site			
Size		Order Date	/ /

Item	Order Quantity
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Low / Non Adherent	
Atrauman 5cm ²	
Atrauman 7.5 x 10cm	
Atrauman 10 x 20cm	
Softpore 6 x 7cm	
Softpore 10cm ²	
Softpore 10 x 15cm	
Adhesive Film	
Hydrofilm 6 x 7cm	
Hydrofilm 10 x 12.5cm	
Topical Antibacterials	
Inadine 5cm ²	
Inadine 9.5cm ²	
Iodoflex 5 x 5g	
Active Charcoal	
Clinisorb 10cm ²	
Fibre Dressing	
Sorbsan 5cm ²	
Sorbsan 10cm ²	
Hydrogel	
Purilon Gel 8g	
Foam Dressing	
Biatain Silicone 7.5cm ²	
Biatain Silicone 10cm ²	
Hydrocolloids	
DuoDERM Extra Thin 10cm ²	

Item	Order Quantity
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Bandages – Multi-layer Component	
Ultra Soft Wadding Bandage 10cm x 3.5m	
Bandages – Lightweight Conforming	
K-lite 10cm x 4.5m	
CliniFast Blue Line 5m	
CliniFast Yellow Line 5m	
Adhesive Tapes	
Clinipore 2.5cm x 5m	
Hypafix 5cm x 5m	
Miscellaneous	
Leukostrip 6.4 x 76mm (10x3)	
Nurse It SDP (small/med gloves)	
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Non-woven Fabric Swab Sterile 7.5cm ² (5)	
Zetuvit E (Sterile) 10cm ²	
Zetuvit E (Sterile) 10 x 20cm	
Zetuvit E (Sterile) 20 x 20cm	
Clinipod 25 x 20ml	
LBF Barrier Film (foam applicators) 5 x 1ml	
LBF Barrier Cream 30g	
Other (please give name, size, and quantity required)	
Reason for non-formulary dressing:	