CLOCK MEDICAL SUPPLY, INC
901 Industrial Road, Winfield, KS 67156
Fax: 1-620-221-7460 Tele#: 1-800-362-1314

PHYSICIAN'S OSTOMY ORDER

Beneficiary Name: Start date of Order:

Beneficiary Address: Update of Order:

City, State and Zip: Length of Order:

DOB : Clock # :

OSTOMY SPECIFIC QUESTIONS

Type of Ostomy: Ileostomy ◯ Colostomy ◯ Artificial Opening Urinary Tract ◯

Is ostomy ◯ temporary or ◯ permanent?

Length of Need: Months ☐ 99 Years ☐

(as needed or prn not acceptable)

Frequency of change:

(as needed or prn not acceptable)

Does patient have a condition that requires overuse of supplies? Justification:

Items to be dispensed per month:

1 piece system ◯	Closed ◯	Drainable ◉
2 piece system ◉	Closed ◯	Drainable ◉

Barriers	Bags
Barrier Seals	Strips

Other ostomy supplies per month:

Paste		Powder		Skin Preps		Adhesive Remover	
Tape		Deodorant		Ostomy Belt		Incontient Wash	
4x4 Gauze		Appliance Cleaner		Odor Elimanator			
Urinary Drainage Bag		Leg Bag		Extension Tubing			

Colostomy Irrigation Needs per month:

Irrigation Bag		Irrigation Cone:		Extension Tubing	
Irrigation Sleeves		Lubricant			
Trach care kits w/o Cath w/1 pair gloves					

Date patient last seen by physician:

SIGNATURE OF PHYSICIAN: DATE:

(**No stamps or other substitute accepted**)

Print Name of Physician: Tele#:

Address: Fax: