

## Discharge Paperwork Check List

### Homecare Discharge Team Contact Information

Phone: 866-484-6798 | Fax: 877-832-6837 | Email: npwt.discharge@cardinalhealth.com

FROM: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

The following documents are required to begin the NPWT referral process.  
Please make sure all documents are included in your submission.

- Demographics Sheet** (Patient Name, Insurance Info, DOB, Address, Phone Number)
- Physician's Written Order Form**
- Nutritional Assessment**
- Clinical Wound Notes**