



Patient Delivery Receipt

Product Delivery Location: Facility Patient Home

<i>Patient/Designee Signature:</i>		<i>Patient Signature Date:</i> ____/____/____
<i>Name and Relationship of Patient Designee (if applicable):</i>		<i>Product Receipt Date*:</i> ____/____/____
<i>Facility Name:</i>		
<i>Facility Address:</i>		
<i>City:</i>	<i>State:</i>	<i>Zip:</i>
<i>Patient Name:</i>	<i>DOB:</i> ____/____/____	<i>Phone #:</i>
<i>Patient Address:</i>		
<i>City:</i>	<i>State:</i>	<i>Zip:</i>
<i>If appropriate, date patient discharged from hospital/facility:</i> ____/____/____		

*Patient can only receive product for training purposes within two days of the discharge date

Description	Item # (Check one)	Quantity (Check one)	Serial#/Lot# (Required)
NPWT Device	<input type="checkbox"/> SVED 6701132	1 Device	
Dressing Sets	<input type="checkbox"/> Small 47170215 <input type="checkbox"/> Medium 47170115 <input type="checkbox"/> Large 47170015	<input type="checkbox"/> 1 Case of 15 OR Eaches: ____ # of each provided	
Canisters	<input type="checkbox"/> 300cc w/gel 474000 <input type="checkbox"/> 300cc w/o gel 474100 <input type="checkbox"/> 500cc w/gel 474500	<input type="checkbox"/> 1 Case of 10 OR Eaches: ____ # of each provided	
Other			

Prior to going into the facility have you ever been placed on a Negative Pressure Wound Pump before? Yes No

If "Yes," when? Date ____/____/____ and do you still have the pump in your home? Yes No

How many dressings and canisters do you currently have (excluding the product you are receiving today) and how long will those last you?

Please note that all fields must be filled in, place zeros if you have no dressings and/or canisters.

_____ dressings will last _____ days

_____ canisters will last _____ days

Who will be providing care for the patient? Home Health Wound Center Other: _____

Name of Facility: _____ Contact: _____ Phone: _____

Customer has been shown the product and understands the specifics of its use

Delivering Individual's Signature: _____

Delivering Individual's Name (Printed): _____ Phone: _____