

**3M-KCI V.A.C.® Therapy Order Pad (Do Not Substitute)****Post Acute/Hospital Transition v2**

**Important - Read First:** All text with a dashed border MUST be filled out to constitute as a valid Rx otherwise the order approval will be delayed



Patient Name: \_\_\_\_\_

Delivery Address: \_\_\_\_\_ Room#: \_\_\_\_\_

Need Date: \_\_\_\_\_ Need Time: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

Delivery Facility name: \_\_\_\_\_

Site Type ☐ Private Residence ☐ SNF/LTAC ☐ Rehab ☐ ALF ☐ Hospital ☐ Other: \_\_\_\_\_V.A.C.® Therapy Type ☐ ActiV.A.C.™ Therapy System ☐ V.A.C. FREEDOM™ Therapy Unit (Charity Care and Skilled Nursing Patients only)

V.A.C.® Therapy Dressings w/ SensaT.R.A.C.™ Technology (See back for dressing kit details):

**Dermatac™ Drape with V.A.C.® GRANUFOAM™ Dressing Kits**☐ S ☐ M ☐ L

Standard V.A.C.® GRANUFOAM™ Dressing Kits:

☐ S ☐ M ☐ L☐ V.A.C.® GRANUFOAM™ Bridge XG Dressing☐ V.A.C.® GRANUFOAM™ Bridge Dressing☐ V.A.C.® SIMPLACE™ Dressing, MediumV.A.C.® GRANUFOAM SILVER™ Dressings: ☐ S ☐ M ☐ L

V.A.C. WHITEFOAM™ Dressing Kit:

☐ S ☐ L ☐ S (foam only) ☐ L (foam only)

V.A.C.® Therapy pressure setting:

☐ -125mmHg ☐ Other: \_\_\_\_\_Length of Need in Months: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other \_\_\_\_\_ Wks

and up to 15 V.A.C.® Therapy dressing per wound, per month and up to 10 V.A.C.® Therapy canisters per month.

Order Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Prescriber only to sign and date. Original Prescriber signature required. Stamps and photocopies strictly prohibited.**Prescriber Name: \_\_\_\_\_ NPI#: \_\_\_\_\_ Submit to 3M-KCI at **3Mexpress.com** orPrescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_ FAX to 888-245-2295 with a completed  
V.A.C.® Therapy Insurance Authorization Form

By signing and dating, I attest that I am prescribing the 3M-KCI V.A.C.® Therapy System (DO NOT SUBSTITUTE) as medically necessary, and all other applicable treatments have been tried or considered and ruled out. I have read and understand all safety information and other instructions for use included with the 3M-KCI V.A.C.® Therapy product, as well as the V.A.C.® Therapy Clinical Guidelines. I also understand the V.A.C.® Therapy System contraindications.



## **V.A.C.® Therapy Order Pad (Do Not Substitute) Post Acute/Hospital Transition**

**Order Submission:** Submit prescription order to 3M-KCI at **3Mexpress.com** or FAX to 888-245-2295 with a completed V.A.C.® Therapy Insurance Authorization Form (VTIAF). The VTIAF can be found on **3M.com/PostAcuteCare**.

**Product Kit Information:** Unless specified, each dressing kit, includes the following: indicated dressing type, Dermatac™ Drape or V.A.C.® Drape (3M™ Tegaderm™ Dressing in V.A.C.® Simplace™ Dressing Kit, Small or Medium), and SensaT.R.A.C.™ Pad

For questions and information, contact 3M-KCI at 800-275-4524



**3M Company**  
2510 Conway Ave  
St. Paul, MN 55144 USA

Phone 1-800-275-4524 (NPWT products)  
1-800-228-3957  
Web 3M.com/medical

© 2022 3M. All rights reserved.  
3M and the other marks shown are marks  
and/or registered marks.  
Unauthorized use prohibited.  
US\_70-2013-1321-3 (01/22)