

# ACZ Distribution IVR Form - Demo

Order #: ORD-2025-001

Date: January 10, 2025

## Patient Information

Patient ID: JO\*\*#7842

Insurance: Medicare

Member ID: MED123456789

## Provider Information

Provider: Dr. Jane Smith

NPI: 1234567890

Facility: Advanced Wound Care Center

## Product Information

Product: ACELL Cytal Wound Matrix

SKU: CWM-2X3

Quantity: 2

Size: 2cm x 3cm

## Clinical Information

Wound Type: Diabetic Foot Ulcer

Location: Right foot, plantar surface

Size: 2.5cm x 3.0cm

Duration: 6 weeks

This is a demonstration IVR document generated by the MSC Wound Portal

Docuseal Integration - Template ID: 852440 - Folder ID: 75423