P.O. Box 271195
Oklahoma City, OK 73137
o. 800-745-2215 | f. 866-399-9338
www.argencis.com

OSTOMY SUPPLY ORDER FORM

TO ENSURE PROMPT DELIVERY, PLEASE FAX THIS FORM AND PATIENT FACESHEET TO 866-399-9338. RAPID PROCESSING AND NEXT DAY DELIVERY. GUARANTEED.

REFERRING ENTITY INFORMATION

FACILITY NAME:______________________________

CONTACT NAME:______________________________

CITY/STATE:______________________________

PHONE:______________________________

FAX:______________________________

PATIENT INFORMATION

PATIENT NAME:______________________________

D.O.B. :______________________________

ADDRESS:______________________________

CITY/STATE:______________________________

PHONE:______________________________

OSTOMY TYPE:

☐ COLOSTOMY ☐ UROSTOMY ☐ ILEOSTOMY ☐ OTHER:______________

DISCHARGING TO:

☐ HOME HEALTH ☐ SKILLED FACILITY ☐ HOME ☐ HOSPICE ☐ LONG-TERM CARE ☐ OTHER:____________

PRODUCT INFORMATION:

BRAND:______________________________

☐ 1-PIECE ☐ 2-PIECE

POUCH ITEM #:______________________________

☐ DRAINABLE ☐ NON-DRAINABLE

BARRIER ITEM #:______________________________

OSTOMY ANCILLARIES REQUESTED:

☐ DEODORANT ☐ ADHESIVE REMOVER

☐ SKIN PREP ☐ STOMA PASTE/STRIPS

☐ APPLIANCE CLEANSER ☐ Y-STRIPS

☐ BARRIER RINGS ☐ OSTOMY POWDER

☐ OTHER: ______________________________

QUANTITIES REQUESTED:

DRAINABLE APPLIANCE: ☐ 10 ☐ 20 ☐ _____ NON-DRAINABLE APPLIANCE: ☐ 30 ☐ 60 ☐ _____

NOTES:____

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PHYSICIAN NAME:______________________________ TELEPHONE:____________________

FORM COMPLETED BY:______________________________ TELEPHONE:____________________
(Please Print)

SIGNATURE:______________________________DATE:____________________