



**FAX BACK TO:**

Michigan Fax: 1-586-755-2322

Florida Fax: 1-407-691-3021

Indiana Fax: 1-574-365-620

**Ostomy – Written Order**

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Account Number \_\_\_\_\_

Order Date \_\_\_\_\_ Length of Need, 99 (lifetime) or \_\_\_\_\_ months

Diagnosis \_\_\_\_\_

**Pouch Options**

**Quantity Needed**

- 1 Piece Closed Pouch  \_\_\_\_ / month
- 1 Piece Drainable Pouch w/ Flat Wafer  \_\_\_\_ / month
- 1 Piece Pouch w/ Convex Wafer  \_\_\_\_ / month
- 2 Piece Pouch w/ Convex Wafer  \_\_\_\_ / month
- 2 Piece Pouch w/ Flat Wafer  \_\_\_\_ / month
- 2 Piece Closed Pouch System  \_\_\_\_ / month
- Stoma Cap  \_\_\_\_ / month
- Other \_\_\_\_\_  \_\_\_\_ / month

**Accessories**

**Quantity Needed**

- Paste  \_\_\_\_ / month
- Barrier Rings  \_\_\_\_ / month
- Remover Wipes  \_\_\_\_ / month
- Barrier Prep Wipes  \_\_\_\_ / month
- Lubricating Deodorant  \_\_\_\_ / month
- Belt  \_\_\_\_ / month
- Barrier Strips  \_\_\_\_ / month
- Other \_\_\_\_\_  \_\_\_\_ / month

**\*\*Required For MICHIGAN Medicaid Patients Only \*\***

Reason for Medical Necessity (other than diagnosis): \_\_\_\_\_

Prescribers Printed Name & Credentials \_\_\_\_\_ NPI \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

2/29/2024



(888) 246-7667 | Contact Us

[www.binsons.com](http://www.binsons.com)