Wound Care Therapy
Personalized For You

What is a Wound?

A wound is a break in the skin. More complex wounds frequently include damage to the tissue under the skin. Wounds are categorized as Acute (expected to heal in less than 20 days) and Chronic (healing requires longer than 20 days). Acute wounds are caused by trauma or surgery and with proper care will heal rapidly.

Chronic Wounds

Chronic wounds have underlying causes (like infection, pressure, poor nutrition, nerve damage) they may not heal through the normal healing process. Chronic wounds require extra care and attention.

Personalized Wound Care Treatments

Wounds unlike many other illnesses are very patient specific and require more personalized treatment. Union Medical Pharmacy works with physicians and patients to craft personalized treatment approaches and expedite the healing of difficult chronic wounds. In addition to standard dressings and wraps, UMP can help your physician to create wound care preparations that are customized specifically for your wound.

Types of personalized wound care treatments

There are a number of types of medications that are required to promote wound healing

Pain Agents. Reduce pain during the wound healing process.

Antibiotics. Maintaining an infection-free, moist wound bed as the healing process is underway.

Debriding Agents. Assist in the removal of dead skin cells and promote health skin regrowth.

Tissue growth gels or solutions: Encourage the growth of healthy tissue.

Personalized wound care therapy allows your physician to combine all of these in a custom combination personalized specifically for you.

How do I get a personalized wound care prescription?

Personalized wound care prescriptions using pain, antibiotic, debriding or tissue promoting agents require a prescription. Here are the steps to follow to get your prescription:

➤ Print out this brochure
➤ Bring all pages in to your next prescriber visit
➤ Describe your symptoms completely
➤ If your prescriber thinks a personalized prescription is right for you they will select the appropriate medication from the following page

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Union Medical Pharmacy

1769 Orchard Park Road
West Seneca, NY 14224

716. 675.4133
www.unionmedicalrx.com

Personalized Wound Care Order Form

Phone: (716) 675-4133   FAX: (716) 675-1314

1769 Orchard Park Road • West Seneca • New York • 14224

Patient Name:	DOB: / /	Gender: ☐ Male ☐ Female

Patient's Phone Numbers: Home (   )   -   Work / Cell (   )   -

Street: Apt. No:

City: State: Zip:

Insurance: ID No: Group No:

Please fax patient's insurance card. Our pharmacy staff will contact your patient promptly

Fixed Dose Combinations

☐ Gentamicin 1mg/gm
   Clindamycin 1mg/gm
   Polymyxin 2,000 U/gm
   Nystatin 100,000 U/gm
   (HEC 4% gel)

☐ CGN Solution
   Clindamycin 150 mg
   Gentamicin 0.16
   Nystatin 0.5 ml
   (500 ml sodium chloride)

☐ TGN Solution
   Tetracycline 300 mg
   Gentamicin 0.16 gm
   Nystatin 0.5 ml
   (500 ml sodium chloride)

☐ Metronidazole Powder
   (shaker top container)

☐ Polymyxin 10,000 U/gm
   Bacitracin 500 U/gm
   (powder)

Quantity: ☐ 20 gm   ☐ 50 gm   ☐ 100 gm
Directions:
☐ Sig (specify):_____

Refills: x _____

Custom Combinations

Antibiotic	**Debriding**	**Cell Growth Promotors**
☐ Metronidazole 1%	☐ Collagenase 250 U/gm	☐ Nifedipine 2%
☐ Gentamicin 0.1%	☐ Trypsin 90 U/gm	☐ Misoprostol 0.0024%
☐ Clindamycin 0.1%	☐ Urea 10%	
☐ Mupirocin 5%	☐ Phenytoin 2%	
☐ Clotrimazole 1%	☐ Peruvian Balsam 5%	
☐ Polymyxin B 2,000 U/gm		
☐ Nystatin 100,000 U/gm		

Pain
☐ Lidocaine 2%
☐ Tetracaine 2%

Quantity: ☐ 20 gm   ☐ 50 gm   ☐ 100 gm
Directions:
☐ Alternative sig (specify):_____

Refills: x _____

Prescriber Verification

I have reviewed my patient's medical records and have determined that the medications ordered are medically neccessary. I verify I have examined and diagnosed the patient as indicated above. I will comply with state and federal documentation requirements by retaining a copy of this prescription in the patient's medical record. This prescription is to be dispensed as written unless otherwise instructed by me.

Prescriber Name: Signature:

Date: Office Contact: NPI: