

VAC WOUND CARE
1300 Peachtree Industrial Blvd., Ste. 1201
Suwanee, GA 30024

Patient Name:

Date:

1. What was completed at this visit

Dressing changed

Measurements taken

Notes:

2. What is the updated plan of care?

Change dressing type to:

Start antibiotics

Go to the ER

Notes:

3. What should be done by caretaker/home health in between visits?

Dressings to be changed? Y / N

If yes, frequency:

Do not touch Y / N

If yes, review with caretaker and include do not touch paperwork

Practitioner Name:

Phone: