

Know Your Ostomy Supplies Checklist[®]

Patient Name/Address: _____

Patient Date of Birth: _____ Supplier Contact Information: _____

Allergy Alert: _____ Supplier Order #: _____ NO SUPPLY SUBSTITUTIONS

Pouching System:

- One-Piece
- Two-Piece

Stoma Information:

Size: _____

Ostomy Type:

- Colostomy
- Ileostomy
- Urostomy
- Other: _____

Brand Manufacturer:

- Coloplast
- Convatec
- Cymed/
Microskin
- Hollister
- Marlen
- Nu-Hope
- Other: _____

Order Frequency:

- Per month
- Per 3 months

Pouch:

Product # _____

Size: _____

Quantity: _____

Pouch Features:

Color:

- Transparent
- Opaque
- Opaque with viewing window

Closure/Outlet:

- Drainable (velcro or clip)
- Closed-end
- Tap Bottom

Gas Management:

- Integrated Filter
- No Filter

Wafer/Barrier/Flange:

Product # _____

Quantity: _____

Pre-cut

Size: _____

Cut-to-fit

Size: _____

Moldable

Size: _____

Flat

Convex:
____ Soft/Flexible

____ Light

____ Deep

Two-Piece:

- Adhesive Coupling
- Mechanical Coupling

Accessory Products:

- Skin Barrier Seals/Rings
- Adhesive Remover Wipes or Spray
- Barrier Wipes or Spray
- Barrier Strips
- Deodorizer
- Paste (Tube or Strip)
- Tape/Tape Extenders
- Powder
- Hernia Support Belt
- Overnight Drainage Bag/Jug
- Overnight High Output Pouch
- Irrigation Supplies
- Other: _____

Advocates for a Positive Change

Copyright © 2018 UOAA. All rights reserved.

www.ostomy.org 1.800.826.0826

