



1312 Redwood Ave
Grants Pass OR 97527

Ph 541-249-9860
Fx 541-249-9859

melody.hannah@todaydme.com

Detailed Written Order Prior to Delivery Surgical Dressing Wound Care supplies

Patient Name: _____ Patient DOB: _____

Order Date: _____

Chart notes Attached (chart notes must include the need for equipment being ordered)

I, the undersigned, certify that the below prescribed equipment/supplies is medically necessary as part of my treatment plan for this patient. In my opinion, the equipment prescribed is reasonable and necessary for accepted standards of medical practice and treatment of this patient's condition and has not been prescribed as "convenience equipment". I have documented the following information and the need for this equipment in the patient's most recent chart notes.

DIAGNOSIS (Check appropriate diagnosis below) Length of Need: 12 months 99 months

ICD-10 Diagnosis Code(s): _____

Dressing Change Frequency _____

Surgical Dressings Wound Care Products & Supplies are medically necessary (Enter what supplies are needed)

Qty	Hcpc code	Description of specific services to be provided

Additional information: List wound number and location

1) List wounds due to Surgical Procedure _____		
	Stage	
	Stage	
	Stage	
	Stage	



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	Stage	
	Stage	
Stage 1 Pressure Injury: Non-blanchable erythema of intact skin		
Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis		
Stage 3 Pressure Injury: Full-thickness skin loss		
Stage 4 Pressure Injury: Full-thickness skin and tissue loss		
Is the wound caused by or treated by a surgical procedure		

Prescribing Physician's Information

Name & Credentials _____ NPI# _____
Telephone _____ Fax _____
Address _____
Signature _____ Signature Date _____