

**STATEMENT OF ORDERING PHYSICIAN  
(GROUP 2 SUPPORT SURFACE)**



614 E Altamonte Dr  
Altamonte Springs, FL 32701  
**Phone:** 407-849-6455  
**Fax:** 407-849-6458

**EFFECTIVE DATE:** \_\_\_/\_\_\_/\_\_\_

**Patient Information:**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Phone:** (\_\_\_\_) \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Physician Information:**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_  
**NPI:** \_\_\_\_\_ **License #:** \_\_\_\_\_

*All Sections must be completed. Please sign and date any changes you make to this information.*

**DIAGNOSIS INFORMATION**

*Please check all pertinent diagnoses*

- \_\_\_\_ Pressure Ulcer, Stage I                      707.21
- \_\_\_\_ Pressure Ulcer, Stage II                    707.22
- \_\_\_\_ Pressure Ulcer, Stage III                  707.23
- \_\_\_\_ Pressure Ulcer, Stage IV                  707.24
  
- \_\_\_\_ Other (specify code) \_\_\_\_ . \_\_\_\_

**Length of need:** \_\_\_\_\_ Months (99 = lifetime)

**Prognosis:** \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

**Wt.** \_\_\_\_\_ **lbs.**    **Ht.** \_\_\_\_\_ **in.**

<u>Ulcer Location</u>	<u>Stage of Ulcer</u>	<u>Diameter</u>

**I certify the patient's medical records reflect that the patient meets the medical coverage criteria listed below: (Please check mark all that apply)**

Situation 1

- Multiple stage II pressure ulcers located on the trunk or pelvis (ICD-9 707.02-707.05)
- Patient has been on a comprehensive ulcer treatment program for at least the past month (minimum 30 days) which has included all the following:
  - Education of the patient and caregiver on the prevention and/or management of pressure ulcers; and
  - Regular assessment by a nurse, physician, or other licensed healthcare practitioner (usually at least weekly for a patient with a stage III or IV ulcer); and
  - Appropriate turning and positioning; and
  - Appropriate wound care (for a stage II, III, or IV ulcer); and
  - Appropriate management of moisture/incontinence; and
  - Nutritional assessment and intervention consistent with overall plan of care; and
  - Patient has been on a Group 1 Support surface and I have found it to be inadequate for the patient's needs.
- Ulcers have worsened or remained the same over the past month (minimum 30 days).

Situation 2

- Large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis (ICD-9 707.02-707.05)

Situation 3

- Recent (within past 60 days) myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis
- Patient has been on a group 2 or 3 support surface immediately prior to a recent discharge from a hospital or nursing facility (discharge within the past 30 days)

I certify that there is adequate documentation in the medical records reflecting the medical necessity for the Group 2 surface.

**BY SIGNING BELOW, I AUTHORIZE** the use of this document as a form of medical records, and I certify that the above information is to prove medically necessity for the prescribed equipment and is not being prescribed for convenience. I will maintain an original signed copy of this order in my medical records and make it available to Medicare, their authorized agents or other insurer, if required.

X \_\_\_\_\_  
*Physician Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*NPI*