

DETAILED WRITTEN ORDER (DWO)

Mattresses / Support Surface

Patient Name: _____ Address: _____ Phone: _____ DOB: _____ M <input type="checkbox"/> / F <input type="checkbox"/>	Physician Name: _____ Address: _____ Phone: _____ NPI _____
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Patient Medical Records: Medicare (insurance company) requires "Relevant clinical notes" to be listed in Patient Medical Records. All clinical notes must be signed by physician.

DIAGNOSIS CODE(S) (ICD-10): _____, _____, _____, _____, _____, _____	Ht: _____ (in) Wt: _____ (lbs)
Equipment Ordered: Please select one <input checked="" type="checkbox"/> for the appropriate type.	

STANDARD MATTRESS:

- ❖ Specially designed to flex with the positioning of the hospital bed and patient.

<input type="checkbox"/>	E0271	INNERSPRING Mattress for Hospital Beds
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GROUP 1 MATTRESS OVERLAY (Please complete the attached Ordering Physician Form for Group 1 Support Surfaces)

- ❖ Can be used on top of hospital bed mattress, or home bed mattress.
- ❖ To improve circulation and help prevent pressure ulcers (bed sores).

<input type="checkbox"/>	E0181	Alternating PRESSURE PAD/Overlay With Pump
<input type="checkbox"/>	E0185	GEL Overlay Mattress

GROUP 2 SUPPORT SURFACES (Please complete the attached Ordering Physician Form for Group 2 Support Surfaces)

- ❖ For treatment of pressure ulcers (bed sores):
 - Patient has multiple stage II pressure ulcer(s) on the trunk or pelvis and gets worsened over the past month; OR
 - Patient has multiple stage III or IV pressure ulcer(s) on the trunk or pelvis.

<input type="checkbox"/>	E0277	Powered Pressure-Reducing AIR MATTRESS for Hospital Beds
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Physician Signature: _____ Order Date: _____
(SIGNATURE STAMP & DATE STAMP ARE NOT ACCEPTABLE)

Starting Date for patient to use equipment if different from Order Date: _____

Please **FAX** to **(646) 736-5423** Confucius Pharmacy & Surgical Supplies.

Any question, please feel free to call _____ at _____ ext. _____

We must have both copies on file: 1) **Face-to-face medical record** and
 2) Completed DWO
 showing your own evaluation to substantiate patient needs for the prescribed item(s).