

Total Pages Sent: _____

Patient Number: _____

SURGICAL DRESSINGS
LETTER OF MEDICAL NECESSITY / STANDARD WRITTEN ORDER

PATIENT INFORMATION		ORDERING PHYSICIAN	
Patient Name:		Practice Name:	
Patient Phone:		Practitioner NPI:	
DOB:	Gender: M F	Phone:	
Address:		Address:	
City/State/ZIP:		City/State/ZIP:	

ITEM PRESCRIBED — Mark All That Apply

HCPCS	Product	Qty:	per:
A6010	Vitalé Collagen Powder, 1 g packets		
A6021	Vitalé Collagen Dressing, 2" x 2"		
A6023	Vitalé Collagen Dressing, 7" x 7"		
A6203	Vitalé Composite Island Dressing, 4" x 6"		
A6203	Vitalé Composite Island Dressing, 4" x 10"		
A6203	Vitalé Silicone Composite Dressing, 3.5" x 4"		
A6204	Vitalé Composite Island Dressing, 4" x 14"		
A6204	Vitalé Silicone Composite Dressing, 9" x 9"		
Other			

WOUND INFORMATION

Governing LCD: L33831 — Surgical Dressings

Wound Location: _____ Date of Onset: _____

Wound Type: Surgical Pressure ulcer Diabetic ulcer Venous ulcer Arterial ulcer

 If pressure ulcer, stage: 1 2 3 4 Other type: _____

Wound Dimensions (cm): L W D Drainage: None Light Moderate Heavy

Length of Need (months): _____

DIAGNOSIS ICD10

Diagnosis	ICD-10 Code

INSURANCE INFORMATION — Primary Insurance

Name of Insured:	Relation to Patient:
Insured Date of Birth:	Insurance Company:
Policy Number:	Group Number:
Address:	City / State / ZIP:
Phone:	Attach Secondary Insurance

The information on this Standard Written Order is accurate and complete to the best of my knowledge. I confirm that this patient has the condition(s) noted above and is/was being treated by me and is able to use the ordered item. The medical records substantiate the prescribed condition(s). Supporting documentation will be provided upon request for Medicare/Insurance review.

Prescriber Signature: _____ Date: _____

Printed Name: _____