



244 Cahaba Valley Parkway - Pelham, AL 35124 - (205) 989-9902

Physician's Detailed Written Order for a Group 2 Support Surface

Order date: \_\_\_\_\_

Patient name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

HIC #: \_\_\_\_\_ Diagnosis code(s): \_\_\_\_\_

Description of item: \_\_\_\_\_ HCPC Code: \_\_\_\_\_

The information below may not be completed by the supplier or anyone in a financial relationship with the supplier.

Circle Y for yes, N for no, D for does not apply, unless otherwise noted.

- 1) Does the patient have multiple stage II pressure ulcers on the trunk or pelvis?
2) Has the patient been on a comprehensive ulcer treatment program for at least the past month which has included the use of a Group 1 Surface...
3) Over the past month, the patient's ulcer(s) has/have: Improved-1 / Remained the same-2 / Worsened-3
4) Does the patient have large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis?
5) Has the patient had a recent (within the past 60 days) myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis?
6) Was the patient on an alternating pressure or low air loss mattress or bed or an air fluidized bed immediately prior to a recent (within the past 30 days) discharge from a hospital or nursing facility?

Estimated length of need in months (99 = lifetime): \_\_\_\_\_

Physician name: \_\_\_\_\_ PLEASE PRINT Physician NPI: \_\_\_\_\_ REQUIRED

Physician signature: X \_\_\_\_\_ Date signed: \_\_\_\_\_