

## SOAP ORGANICALLY MEDICAL NECESSITY FORM

Date: \_\_\_\_\_

Patient Information:

Patient Name: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physician Information:

Physician Name: \_\_\_\_\_

Medical License Number: \_\_\_\_\_

Practice Name: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Product Information:

Product Name: Soap Organically Willamette Gold Soap

Manufacturer: Soap Organically

Product Description: Organic soap

Requested Action: Discounting of product due to medical necessity.

Medical Necessity Justification:

I, Dr. \_\_\_\_\_, confirm that I am the treating physician for the above-named patient. Based on my professional medical opinion and assessment of the patient's condition, the use of "Soap Organically Willamette Gold Soap" is medically necessary for the following reason(s):

(Please check all that apply and provide specific details in the space below)

**Chronic Skin Condition:** The patient suffers from a chronic skin condition (e.g., eczema, psoriasis, severe dermatitis) that is exacerbated by conventional soaps containing harsh chemicals, fragrances, or dyes.

**Allergic Reactions:** The patient has a documented allergy or severe sensitivity to ingredients commonly found in standard soaps, which leads to adverse skin reactions.

**Compromised Skin Barrier:** The patient has a compromised skin barrier due to a medical condition or treatment, requiring a gentle, organic, and hypoallergenic cleansing product to prevent further irritation or infection.

Post-Procedural Care: The patient is recovering from a dermatological procedure (e.g., surgery, laser treatment) and requires a specific, gentle, and organic soap for proper healing and to prevent complications.

Other (Please specify):