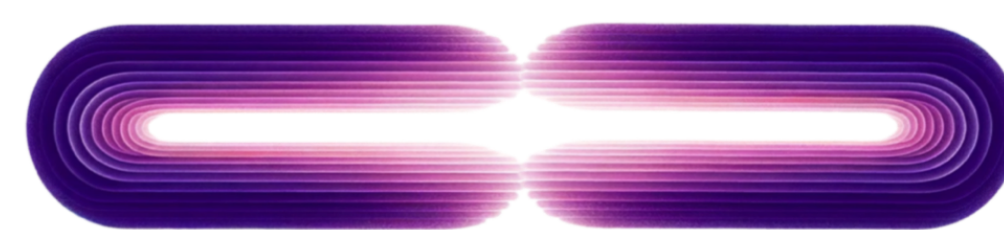


In-Home Advanced Wound Care

SYNERGY



ADVANCED WOUND THERAPY

Patient name:

Medicare # (MBI):

Primary phone:

Secondary phone:

Address:

Wound location/onset date:

Wound type/ICD-10:

ULTRAMIST BENEFITS:

- NON CONTACT ULTRASOUND
- ACCELERATED HEALING
- PAIN FREE TREATMENT
- ANGIOGENESIS STIMULATION
- BIOFILM REMOVAL
- REDUCED BACTERIA
- DRESSING CHANGES 3X/WEEK
- PROVEN EFFICACY

***IN META-ANALYSIS, LOW-FREQUENCY ULTRASOUND ACHIEVED 42.7%
WOUND CLOSURE COMPARED TO 24% FOR STANDARD CARE***

Physical therapist to evaluate and provide non-contact, low-frequency ultrasound therapy. This service is medically necessary due to (please check one):

- ☐ Wound has not progressed as expected at 30 days
- ☐ Presence of a qualifying factor (see website):



(Scan QR code to view our website and refer online)

Wound care/dressing orders (if applicable):

Covering: Bakersfield,
Tehachapi, Lake Isabella,
Taft, Shafter, Arvin and
surrounding towns

Referring Provider: _____ NPI: _____

Provider Phone: _____ Fax: _____

Provider Signature: _____ Date: _____

Patients can continue to receive home health services and other therapies under Medicare

Services covered by Medicare part b. Medicare/Medi-cal is accepted.

PLEASE FAX PRESCRIPTIONS TO (661) 793-7233 or refer on our website