

Wound Therapy Order

Michigan Diagnostic Testing

Jay Kuhn

(248) 524-9905

Fax orders to:
(313) 486-0000

Ordering agency: _____ Phone #: _____

Patient first name: _____ Patient last name: _____

Patient phone: _____ Secondary phone: _____

Patient address: _____ City/State/Zip: _____

DOB: _____ SS#: _____ Medicare #: _____

Other Insurance Name: _____ Other insurance #: _____

Diagnosis - Symptom(s): _____

Physician's name: _____ Physician's signature: _____ Date: _____

Statement concerning the condition of the patient requiring portable service: The exam(s) that I ordered for this patient was medically indicated and necessary for their treatment and/or diagnosis. The result(s) of the exam(s) has or will be used in the treatment of the patient(s) medical condition. The patient would find it physically and/or psychologically burdensome to receive the needed exam(s) in a place other than the current exam sight.

Qualifier Service

- Pain is too unbearable for basic cleaning/debridement**
- 30 days of treatment with less than 50% healing**
- Current use of blood thinners/anticoagulants (including aspirin)**
- Qualifier for Portable Services are required due to patients**
- Physically strenuous** **Psychologically arduous** **non-ambulatory due to habitus**
- Patient in a facility**

Order to treat, clean and heal

Frequency of treatments: 1 time a week 2 times a week 3 times a week

Number of weeks: 1 week 2 weeks

Additional weeks depend on size, nature/condition of the treatment area with documentation

We recommend you order Prescription Collagen

Number of wounds: _____

Wound location

