

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: _____ Secdonary 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 weed 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

