Golden Gate Medical Supply	612 S. Union Ave., Pueblo, CO, 81004 **Phone:** 719-569-7361 **Fax:** 719-696-8548

WRITTEN ORDER PRIOR TO DELIVERY AND STATEMENT OF ORDERING PHYSICIAN

GROUP 2 SUPPORT SURFACES

Patient: ____________________ **Insurance:** _________________________ **Start Date:** _______________

Address/Zip: ____

ICD-9/Diagnosis: ____

Product Ordered: Low Air Loss Mattress **Retail:**

The information bellow MAY NOT be completed by the supplier or anyone in a financial relationship with the supplier: **PLEASE COMPLETE**

Legend: Y=YES N=NO D=Does not apply unless otherwise noted **CHECK RESPONSES:**

1. Does the patient have MULTIPLE STAGE II pressure sores on the trunk or pelvis? Y ☐ N ☐ D ☐
2. Has the patient been on a comprehensive ulcer treatment program for at least the past month, which has included the use of a non-powered pressure reducing overlay OR mattress OR an alternating pressure OR low air loss overlay? Y ☐ N ☐ D ☐
3. Over the past month, the patient's ulcer(s) has/have 1. Improved 2. Remained the same 3. Worsened. Y ☐ N ☐ D ☐
4. Does the patient have a LARGE OR MUTIPLE STAGE III pressure sore on the trunk or pelvis? Y ☐ N ☐ D ☐
5. Does the patient have a LARGE OR MULTIPLE STAGE IV pressure sore on the trunk or pelvis? Y ☐ N ☐ D ☐
6. Has the patient had a MYOCUTNEOUS FLAP or SKIN GRAFT performed, secondary to a pressure ulcer on the trunk or pelvis, within the last 60 days? Y ☐ N ☐ D ☐
   DATE OF SURGERY: ______________________.
   Was the surgery performed on a wound identified in question #4 or #5? Y ___ N ____
7. WITHIN THE PAST 30 DAYS, was the patient on an alternating pressure or low air loss mattress or an air fluidized bed immediately prior to discharge from a hospital or nursing facility? Y ☐ N ☐ D ☐

ESTIMATED LENGTH OF NEED/NUMBER OF MONTHS: ______________________________________ (99=Lifetime)

Physician Name: ____ (Typed or Printed)

Address: ____

Physician NPI: ___________________________________ **Physician MD#:** ________________________________

Physician Signature: ____ **Date:** ____________________________

(No stamp permitted)

3/10/2022mc