



DWO for Compression and Burn Garments

FAX COMPLETED DWO, PATIENT DEMOGRAPHICS AND SUPPORTING MEDICAL NOTES TO 207-221-9622

DATE OF ORDER: _____

DATE OF LAST FACE TO FACE: _____

PATIENT INFORMATION

First Name _____ Last Name _____

Patient Address _____ City _____ State _____ Zip _____ Phone _____

Date of Birth _____ Emergency Contact _____ Emergency Contact Phone _____

REFERRING PT OR CLINIC INFORMATION (if applicable)

Clinic Name _____ Therapist Name _____

Clinic Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Therapist Email _____

PRODUCT PRESCRIBED

SELECT ONE:

RECORD # OF PAIRS/REFILLS:

Ready to Wear # of Pairs # of Refills

Custom # of Pairs # of Refills

GRADIENT COMPRESSION LEVEL:

15-20mmHg 20-30 mmHg 30-40mmHg 50+mmHg Custom _____

STYLE:

Knee High Thigh High Waist High Maternity/Plus Burn Garments _____

Arm Sleeve Gauntlet Glove **MUST SPECIFY:** Right Left Both

Open Toe Full Foot Silicone Band Right Leg (chap only) Left Leg (chap only)

OTHER: _____

DIAGNOSIS

Primary ICD10 Numeric Code: _____

Secondary ICD10 Numeric Code: _____

PHYSICIAN INFORMATION (Must be MD, DO, NP or PA)

By signing and dating, I attest to prescribing compression garments as medical necessary and all other related treatments have been tried or considered and ruled out. I have read and understand all safety information and other instructions for use.

Physician Name _____ NPI# _____ Phone _____ Fax _____

Physician Address _____ City _____ State _____ Zip _____

Physician Signature _____ Date Signed _____



Clinic Checklist/Process for Compression Garments

1. For each patient we need the following documents faxed to **207-221-9622**:

- MedCOR's Detailed Written Order (DWO) signed by the patient's physician. Must include the following:
 - 3 Dates: Date of Order, Face to Face Date and Physician's Signature Date
 - Patient Information
 - Product prescribed (including gradient compression, style, refills, etc.)
 - ICD10
 - Physician information including signature and date

- Patient Demographics/Face Sheet
- Patient Insurance Information
- Relevant Medical Notes to support diagnosis and prescription

2. Once referral is received by MedCOR we begin the Patient Intake Process:

- MedCOR verifies patient insurance eligibility and contacts the patient directly to discuss financial responsibility.
- MedCOR schedules an appointment (if needed – walk-ins are also welcome) for patient to be measured and fitted.
- MedCOR services patient with appropriate garments. If a special order is needed, MedCOR will order garments and contact the patient when we receive them.

Please note:

MedCOR is bound by strict regulations and guidelines for insurance services. We might have to call clinic referral sources and/or doctor's offices several times to get all accurate information on file in order to service your patient. This is due to strict Medicare regulations which are followed by most insurance carriers.