

Pressure Reducing Support Surface – Physician Order

All items on this document will require additional documentation to support medical necessity.

Patient Name: _____ DOB: _____ Dx: _____

Order Date: _____ Length of Need: _____

Select one:

Group 1

- Gel or gel-like pressure mattress pad E0185**
- Alternating Pressure Reducing Mattress Overlay/Pad E0181
- Synthetic sheepskin pad E0188
- Lamb's wool sheepskin pad E0189
- Air pressure pad (waffle) for standard mattress E0197
- Dry pressure pad (egg crate) for standard mattress E0199

- Dry Pressure (Foam) Mattress E0184
- Gel Pressure Mattress E0196

Group 2

- Powered Pressure-Reducing Air Mattress E0277

Group 3

- Air Fluidized Bed E0194

Ordering Physician Signature: _____ Date: _____

Printed Physician Name/Title: _____ / _____ NPI: _____

Please review and sign then fax to Williams Bros at: **812-723-3984**