



Phototherapy Prescription

Mayo Clinic Store

Form content not retained in medical record.
Route to Mayo Clinic Store for electronic storage.

(complete fields or place patient label here)

Patient Name (First, Middle, Last)
Birth Date (mm-dd-yyyy)
Mayo Clinic or Store Account Number

External Form Users: Complete this document and fax to the Mayo Clinic Store.

Internal Epic Downtime Form Users: Complete this document and fax to the Mayo Clinic Store. Once Epic downtime processes are complete, reenter order into the EHR and send an Epic message to the Mayo Clinic Store's inbasket pool informing them that a duplicated order was created.

Required: Attach patient's current primary, secondary, and tertiary insurance providers and provider-signed clinical documentation verifying medical justification from face-to-face examination.

Medicare Requirements

- Medical justification is required to support prescription.
- Documentation of daily bilirubin levels must be provided.

Order Information

Order Date (mm-dd-yyyy)	Start Date (mm-dd-yyyy)
Need Length <input type="checkbox"/> _____ days <input type="checkbox"/> Other _____	
Qualifying Diagnosis (ICD-10)	Patient Phone
Patient Address (Street, City, State, ZIP Code)	

Oxygen Use

Frequency <input type="checkbox"/> 24 hours per day <input type="checkbox"/> Other _____
<input type="checkbox"/> Phototherapy unit (E0202) <input type="checkbox"/> Phototherapy bag (E1399) <input type="checkbox"/> Phototherapy panel (E1399) <input type="checkbox"/> Four disposable phototherapy covers (E1399)
Special Instructions

Referring Provider Information and Signature

Facility	Phone	Fax
Provider Signature ▶	Date (mm-dd-yyyy)	
Provider Printed Name (First, Middle, Last)	National Provider Identifier	