Complete and print.

MAYO CLINIC

Surgical Dressing 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 for supplies.

Medicare Requirements

All Wounds
- Form requires all sections to be completed to be valid.
- Medical documentation requires wound size and all wound care specifics listed below.

Medicare covers wound supplies under the Surgical Dressings benefit and requires wounds to be:
- Surgically created/treated or debrided
- Evaluated at least every 30 days

Reset Form

Order Information

Start Date *(mm-dd-yyyy)*	Diagnosis (ICD-10)	Length of Need ☐ 3 months ☐ Other:	Date of Wound Evaluation *(mm-dd-yyyy)*

Wound Care Specifics

Wound 1 Location	Size (L × W × D)	Thickness ☐ Full ☐ Partial ☐ Pressure ulcer: ☐ I ☐ II ☐ III ☐ IV ☐ Unstageable	Exudate ☐ None ☐ Heavy ☐ Minimal ☐ Moderate	Debridement ☐ Autolytic ☐ Sharp/Surgical ☐ Chemical ☐ Other: ☐ Mechanical
Dressings to Be Provided		Number/Length Used per Change	Frequency of Change	Total Quantity to Dispense

Wound 2 Location	Size (L × W × D)	Thickness ☐ Full ☐ Partial ☐ Pressure ulcer: ☐ I ☐ II ☐ III ☐ IV ☐ Unstageable	Exudate ☐ None ☐ Heavy ☐ Minimal ☐ Moderate	Debridement ☐ Autolytic ☐ Sharp/Surgical ☐ Chemical ☐ Other: ☐ Mechanical
Dressings to Be Provided		Number/Length Used per Change	Frequency of Change	Total Quantity to Dispense

Wound 3 Location	Size (L × W × D)	Thickness ☐ Full ☐ Partial ☐ Pressure ulcer: ☐ I ☐ II ☐ III ☐ IV ☐ Unstageable	Exudate ☐ None ☐ Heavy ☐ Minimal ☐ Moderate	Debridement ☐ Autolytic ☐ Sharp/Surgical ☐ Chemical ☐ Other: ☐ Mechanical
Dressings to Be Provided		Number/Length Used per Change	Frequency of Change	Total Quantity to Dispense

Comments

Referring Provider Information and Signature

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

ENTERPRISE: Applies to Mayo Clinic locations in Arizona, Florida, Rochester and Mayo Clinic Health System.

Print