Written Order Rx for Prosthetic Services

ADVANCED PROSTHETIC RESTORATIONS

This document must be accompanied by medical records to show medical necessity. Clinical notes must include the diagnosis, nature and extent of the anatomical defect, medical need and proposed plan for specific type of prosthesis. FAX forms and supporting documents to (469) 409-6142.

Referral to Advanced Prosthetic Restorations

Suzanne Verma, MAMS, CCA

Phone : (972)696-9497 **Fax : (469)409-6142** **Email : sverma@advancedprostheticrestorations.com**

www.advancedprostheticrestorations.com

Patient Information

Name: (First, Middle, Last)

Date of Birth:

Primary Phone: Alternative Phone:

Type of Prosthesis or services required:

Anticipated method of prosthetic retention: (Adhesive retained, Implant retained)

Prosthetic Rehabilitation is on-going treatment.

The silicone materials and coloring components used to create facial prostheses remain durable for only a short period of time. Prostheses may lose their color and the silicone may break down within 1-4 years due to various physiological and environmental factors encountered by the patient. A new prosthesis may also be necessary if there are any minute changes in the patient's anatomy that affect the tissue contours surrounding the prosthesis. For any of these reasons the prosthesis will have to be replaced or remade. This remake which will be an additional fee is medically necessary to ensure the functionality and fit of the prosthesis.

Referring Physician Section:

Physician Section: according to CMS regulations, this section may be completed by a non-physician clinician or employee, but must be reviewed, signed and dated by the treating physician

Primary Diagnosis and Diagnosis code (ICD 10 code):

Secondary Diagnosis and Diagnosis code (ICD 10 code):

Order Date:

Referring Physician's Name:

Physician's Address:

Telephone Number: Fax:

NPI:

As the referring physician, I certify the medical necessity of the prosthetic services described above. The prosthetic device is reconstructive and intended to restore normal anatomical form.

Referring Physician's Printed Name:

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Referring Physician's Signature: Date:

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