

Letter of Medical Necessity for Additional Supplies for the Venturi Healing System



I attest that Patient, _____, needs additional supplies (beyond the initially supplied 15 dressing sets and 10 canisters per month) for the proper administration of negative pressure wound therapy with the Venturi Healing System. This request is being made for the reasons defined below:

- Wound size exceeds the largest available dressing set
- Dressing changes are required more often than 48-hours (please explain below)
- Wound is heavily draining beyond capacity of largest canister in a 3-day period
- Other (please explain in detail)

Based on above, please send:

<input type="checkbox"/> Wound Dressing Set Abdominal (WCS903)	<input type="checkbox"/> 600cc Disposable Canister with solidifer (9730)
<input type="checkbox"/> Wound Dressing Set Standard Channel (15mm - WCS902)	
<input type="checkbox"/> Wound Dressing Set Large Flat (10mm - WCS901)	
<input type="checkbox"/> Wound Dressing Set Standard Flat (10mm - WCS900)	
<input type="checkbox"/> Other Accessories _____	

Note: Round drain recommended for wounds with tunneling or undermining. Flat drain recommended for wounds with non-enteric (explored) fistulas.

Please attach documentation from the patient's medical record supporting this request.

Name (Print): _____

Title (Print): _____

Signature: _____ Date: _____