



Prescription for Post-Operative DME

TO: D and H Management

ATTN:

FAX NO: ____

CLAIM NUMBER: PJWC086024

RE: Jeramey Mendez

ACCOUNT NO: 767216

Date of Injury: 11/15/2023

SS#:

DIAGNOSIS: Tear of right acetabular labrum, initial encounter - S73.191A

REQUESTING PHYSICIAN: Bertrand Parcels, MD

Date of Surgery: 03/28/2024

DME ORDER:

- ☒ E0218 Iceman includes pad
- ☐ A9270 Iceman replacement Pad
- ☐ L3960 Cradle brace
- ☐ E0676 Venapro
- ☐ E0748 Spinal Bone stimulator
- ☒ Other: Crutches

Physician's Name: Bertrand Parcels, MD

Date: 03/28/2024

Physician Signature



Prescription for Post-Operative Physical Therapy

TO: D and H Management

ATTN:

FAX NO:

CLAIM NUMBER: PJWC086024

RE: Jeramey Mendez

ACCOUNT NO: 767216

Date of Injury: 11/15/2023

SS#:

DIAGNOSIS: Tear of right acetabular labrum, initial encounter - S73.191A

REQUESTING PHYSICIAN: Dr. Parcels

PHYSICAL THERAPY ORDERS:

☒ PT Evaluate and Treat

Number of treatments per week - 3 Number of weeks - 4

To be started day after surgery

☐ OTHER:

Name: Bertrand Parcels, MD

Date: 03/08/2024

Physician Signature