

**Physician's Written Order Form
for Home Phototherapy**

Send completed form along with **patient's medical records** and **current insurance ID** to:
Email: natbio@natbiocorp.com or Fax: (216) 765-0271

Patient Info:

First Name _____ Last Name _____ DOB ____/____/____ Gender: M
 F
 Address _____ City _____ State _____ Zip _____
 Phone # _____ Email _____
 Parent/Guardian (if minor) _____
 Check here if the shipping address is same as billing Check here for alternate shipping address _____

Diagnosis:

Diagnosis Code: _____
Other : _____
(ICD10 code must match the diagnosis code in the patient's medical records)

Patient Skin Type:

Type I Type IV
 Type II Type V
 Type III Type VI

Home Phototherapy Options:
(NB-UVB - Only Select One Option) _____
If Other, Please Specify: _____
(if applicable, only write in one choice)

BSA (Body Surface Area) Severity: (Please check all that apply)

Hands Scalp Legs Chest/Abdomen Other
 Feet Back Full-Body Arms

The reason for this prescription concerns my patient's _____ condition,
 which affects more than _____ of the patient's body surface area. Patient has a history of _____
 which requires immediate treatment to control the disease.

List Previous Treatments: _____ Was it effective?
 Yes No

 Yes No

Date treatment of this condition began: ____/____/____

Has patient been treated with UV light therapy in the past?
(Either in the office or at home) Yes No

If yes, did the patient benefit from the treatment? Yes No

Reason For Home Use:
(Please check all that apply)

Therapy is considered long-term
 Previous in-office treatment proved effective
 Patient requires treatment 3x a week
 Drugs or topicals contraindicated or too expensive
 Financial hardship of frequent in-office visits

Medical Documents:
- REQUIRED* -

Medical records enclosed
 Insurance cards enclosed

Prescribing Physician Info:

Physician Name _____ Title: MD PA NP DO
 Practice _____ NPI # _____
 Address _____ City _____ State _____ Zip _____
 Phone # (____) _____ Fax # (____) _____ Email _____

This email will be used for prescription updates & notifications.

I certify that I am the physician identified on this form. I have reviewed this Physician's Written Order. Any statement on my letterhead attached hereto has also been reviewed and signed by me. I certify that this patient and/or caregiver is capable and will be trained on the proper use of the products prescribed on this Written Order. The patient's record contains supporting documentation that substantiates the utilization and medical necessity of the product listed, and the physician notes and other supporting documentation will be provided upon request. I understand that any falsification, omission, or concealment of material fact in that section may subject me to civil or criminal liability. A copy of this order will be retained as part of the patient's medical record.

Provider Signature (Required) _____ **Date** _____

Signature and date fields must match. (Either both handwritten or both electronically signed. A combination is not permitted.)
 *Medical documents are required for prescription processing and must be included upon submission of this form.



L20 Atopic dermatitis / Eczema

- L20.81 Atopic neurodermatitis
- L20.82 Flexural eczema
- L20.84 Intrinsic (allergic) eczema
- L20.89 Other Atopic Dermatitis
- L20.9 Atopic dermatitis, unspecified

L21 Seborrhoeic dermatitis

- L21.8 Other seborrhoeic dermatitis
- L21.9 Seborrhoeic dermatitis, unspecified

L23 Allergic contact dermatitis

- L23.0 Allergic contact dermatitis due to metals
- L23.1 Allergic contact dermatitis due to adhesives
- L23.2 Allergic contact dermatitis due to cosmetics
- L23.3 Allergic contact dermatitis due to drugs in contact with skin
- L23.4 Allergic contact dermatitis due to dyes
- L23.5 Allergic contact dermatitis due to other chemical products
- L23.6 Allergic contact dermatitis due to food in contact with skin
- L23.7 Allergic contact dermatitis due to plants, except food
- L23.89 Allergic contact dermatitis due to other agents
- L23.9 Allergic contact dermatitis, unspecified cause

L24 Irritant contact dermatitis

- L24.0 Irritant contact dermatitis due to detergents
- L24.1 Irritant contact dermatitis due to oils and greases
- L24.2 Irritant contact dermatitis due to solvents
- L24.3 Irritant contact dermatitis due to cosmetics
- L24.4 Irritant contact dermatitis due to drugs in contact with skin
- L24.5 Irritant contact dermatitis due to other chemical products
- L24.6 Irritant contact dermatitis due to food in contact with skin
- L24.7 Irritant contact dermatitis due to plants, except food
- L24.81 Irritant contact dermatitis due to metals
- L24.89 Irritant contact dermatitis due to other agents
- L24.9 Irritant contact dermatitis, unspecified cause

L25 Unspecified contact

- L25.0 Unspecified contact dermatitis due to cosmetics
- L25.1 Unspecified contact dermatitis due to drugs in contact with skin
- L25.2 Unspecified contact dermatitis due to dyes
- L25.3 Unspecified contact dermatitis due to other chemical products
- L25.4 Unspecified contact dermatitis due to food in contact with skin
- L25.5 Unspecified contact dermatitis due to plants, except food
- L25.8 Unspecified contact dermatitis due to other agents
- L25.9 Unspecified contact dermatitis, unspecified cause

L28 Lichen simplex chronicus

- L28.0 Lichen simplex chronicus
- L28.1 Prurigo nodularis
- L28.2 Other prurigo

L29 Pruritus

- L29.8 Other pruritus
- L29.9 Pruritus, unspecified

L30 Other dermatitis dermatitis

- L30.0 Nummular dermatitis
- L30.1 Dyshidrosis [pompholyx]
- L30.2 Cutaneous autosensitization
- L30.3 Infective dermatitis
- L30.4 Erythema intertrigo
- L30.5 Pityriasis alba
- L30.8 Other specified dermatitis
- L30.9 Dermatitis, unspecified

L40 Psoriasis

- L40.0 Psoriasis vulgaris (Nummular psoriasis, Plaque psoriasis)
- L40.1 Generalized pustular psoriasis (Impetigo herpetiformis, Von Zumbusch)
- L40.2 Acrodermatitis continua
- L40.3 Pustulosis palmaris et plantaris
- L40.4 Guttate psoriasis
- L40.50 Unspecified Arthropathic psoriasis (M07.0-M07.3*, M09.0*)
- L40.8 Other psoriasis (Flexural psoriasis)
- L40.9 Psoriasis, unspecified

L41 Parapsoriasis

- L41.0 Pityriasis lichenoides et varioliformis acuta
- L41.1 Pityriasis lichenoides chronica
- L41.3 Small plaque parapsoriasis
- L41.4 Large plaque parapsoriasis
- L41.5 Retiform parapsoriasis
- L41.8 Other parapsoriasis
- L41.9 Parapsoriasis, unspecified

L42 Pityriasis rosea

L43 Lichen planus

- L43.0 Hypertrophic lichen planus
- L43.1 Bullous lichen planus
- L43.2 Lichenoid drug reaction
- L43.3 Subacute (active) lichen planus
- L43.8 Other lichen planus
- L43.9 Lichen planus, unspecified

L44 Other papulosquamous

- L44.0 Pityriasis rubra pilaris
- L44.1 Lichen nitidus
- L44.2 Lichen striatus
- L44.3 Lichen ruber moniliformis
- L44.4 Infantile papular acrodermatitis [Giannotti-Crosti]
- L44.8 Other specified papulosquamous disorders
- L44.9 Papulosquamous disorder, unspecified

L50 Urticaria

- L50.0 Allergic urticaria
- L50.1 Idiopathic urticaria
- L50.2 Urticaria due to cold and heat
- L50.3 Dermatographic urticaria
- L50.4 Vibratory urticaria
- L50.5 Cholinergic urticaria
- L50.6 Contact urticaria
- L50.8 Other urticarial (Urticaria: chronic, recurrent periodic)
- L50.9 Urticaria, unspecified

L63 Alopecia areata

- L63.8 Other alopecia areata
- L63.9 Alopecia areata, unspecified

L80 Vitiligo

L92 Granulomatous disorders

- L92.0 Granuloma annulare
- L92.8 Other granulomatous disorders of skin and subcutaneous tissue
- L92.9 Granulomatous disorder of skin and subcutaneous tissue, unspecified

L93 Lupus erythematosus

- L93.0 Discoid lupus erythematosus (Lupus erythematosus NOS)
- L93.1 Subacute cutaneous lupus erythematosus
- L93.2 Other local lupus erythematosus (Lupus: erythematosus profundus, panniculitis)

L94 Other localized connective tissue disorders

- L94.0 Localized scleroderma [morphea] (Circumscribed scleroderma)
- L94.1 Linear scleroderma (En coup de sabre lesion)

C84.A0 Cutaneous T-cell lymphoma, unspecified

C84.00 Mycosis Fungoides

L11.1 Transient acantholytic dermatosis [Grover's Disease]