

Douglas A. Waldman, MD, PA

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TO WHOM IT MAY CONCERN:

Our patient: _____, SS # _____
was seen in our office on _____ . This patient has
ostearthritis of the _____ knee[s]. This is symptomatic, but is not
yet at the stage that would require total knee replacement arthroplasty.

This patient is still quite active, and in my opinion would be a good
candidate for the administration of _____ .. Investment in this
now could delay or possibly even avoid the need for total knee
replacement arthroplasty. In addition, this patient could continue with
their current level of activity and productivity.

If any further information is needed, please contact our office. Thank
you for your consideration in this matter.

Douglas A. Waldman, MD

date

Service date:

ICD code :

Injection type :

Total amount of medication needed:

Douglas A. Waldman, MD, PA
NPI 1902801871 Texas license E-6674
*Louisiana License Md.04017R

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PRESCRIPTION [GENERIC OK]

Patient Name:

Medication: injection for knee [s]

Dispense:

Refill: none

Directions: inject into knee

ICD >> J - 7323

Douglas A. Waldman, MD

Date:

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On patient:

Please get approval for k knee[s]

Then have patient return to see me after approval, to start injections

Letter of medical necessity attached.

Thanks / Dr. Waldman