

Letter of Medical Necessity

To:

Re: Patient's Name:
Policy Number:
Group Number:
Date of Birth:

To Whom It May Concern:

I am writing to notify you of my intent to treat _____
with PuraPly™, which is a collagen wound matrix used to manage a variety of wound
types. The patient's medical history is as follows:

PuraPly was FDA cleared in 2001 for the management of:

- Partial and full-thickness wounds
- Venous ulcers
- Diabetic ulcers
- Drainage wounds
- Pressure ulcers
- Chronic vascular ulcers
- Trauma wounds (abrasions, lacerations, second-degree burns, skin tears)
- Surgical wounds (donor sites/grafts, post-Mohs' surgery, post-laser surgery, podiatric, wound dehiscence)

I believe my patient will benefit from this treatment. Please feel free to contact me if additional information is required to process my request for coverage.

Sincerely,