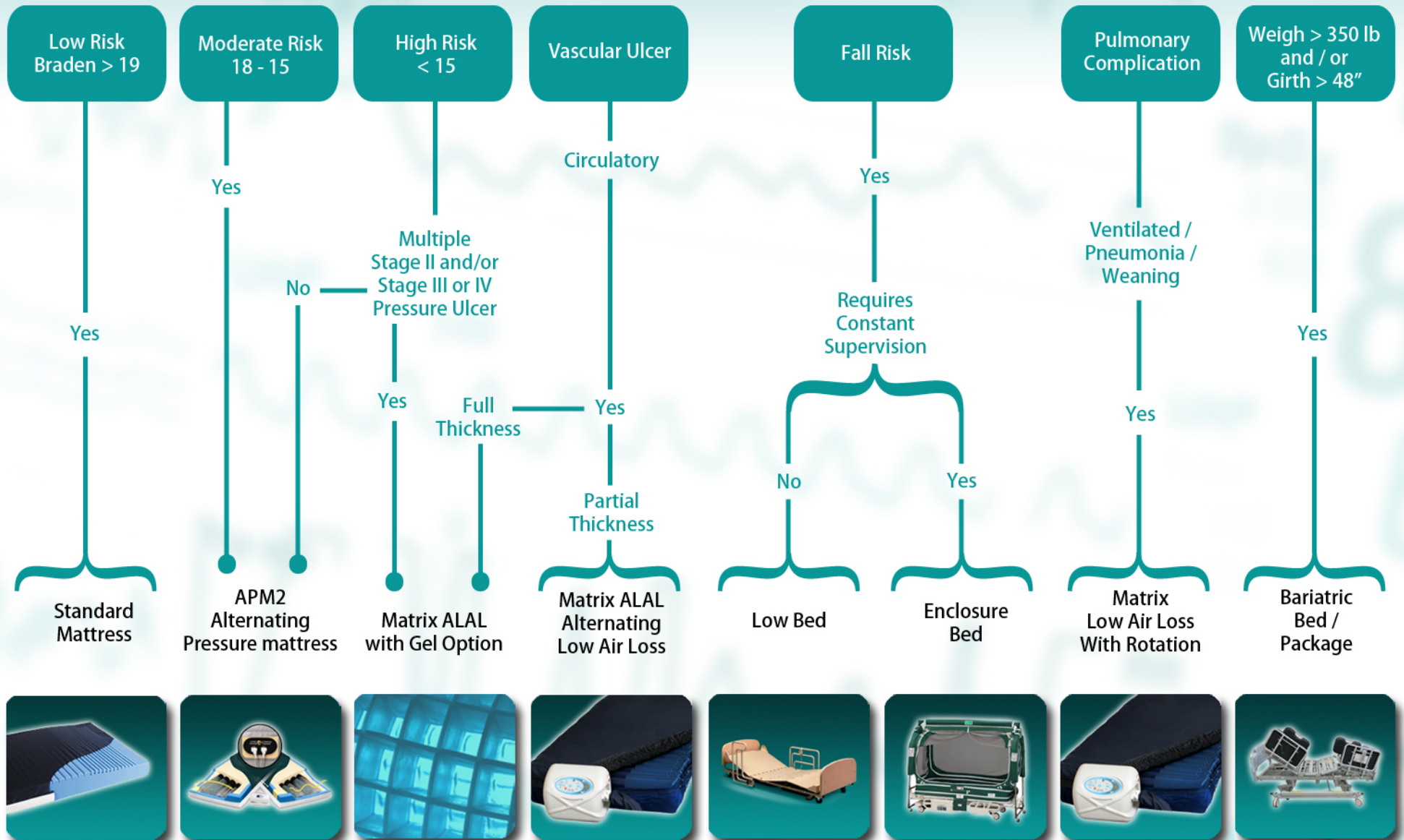


SUGGESTED THERAPEUTIC BED / SURFACE DECISION TREE

Ordering Physician: _____ Diagnosis: _____ Initial Reviewer: _____

1. Record the Total Pressure Ulcer Risk Score & Date (from Admission Assessment) : _____



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1 • 8 6 6 • 3 5 0 • 5 6 4 0

CUSTOM MEDICAL
SOLUTIONS