

Medical Update for Jonathan Zacek DOB: 05/28/1973

Date Order Created: 07/23/2026

Order ID: 1184/638

Agency Assigned Id: 1371

Certification Period: 06/21/2026 to 08/19/2026

*Devotion Home Health Care, LLC MED8891
11201 N Tatum Blvd, Suite 300
Phoenix, AZ 85028-6039
PHONE 480-415-4423 FAX*

Orders:

Wound Care orders and Supply List:

Wound #1 - Right medial ankle - 0.5Lx0.4Wx0.8D with moderate amount of serosanguineous drainage

Wound #2 - Right lateral foot - 0.8Lx0.2Wx0.9D with moderate amount of serosanguineous drainage

Wound #3 - Left heel - 2.2Lx2.3Wx0.5D with moderate amount of serosanguineous drainage.

Clean all wounds with gauze and wound cleanser, pat dry with gauze, apply skin prep around perimeter, apply Program/Alginate dressing to tunnel/wound bed, cover with sterile gauze, cover with 4x4 island dressing, wrap both lower legs with 4" Kerlix, affix with tape, wrap bilateral lower legs with elastic wrap up to knees 3 times weekly and as needed for complications.

4x4 gauze 3x week and PRN 100 count monthly (wounds 1,2,3)

Kerlix 4"x4' 3x week and PRN 24 count monthly (wounds 1,2,3)

Gauze loaf 3x week and PRN 2 loaves monthly (wounds 1, 2, 3)

Collagen Matrix Ag 3x week and PRN 36 packets (wounds 1, 2, 3)

Elastic wrap 4 used each dressing change (2 each leg) please send max allowable per insurance

Wound cleanser spray 1 bottle monthly

Skin prep wipes 3x week and PRN 24 count monthly (wounds 1, 2, 3)

Nitrile gloves-medium 1 box monthly

3-4" tape 2 rolls monthly

4x4 bordered Island dressings 3 pieces 3 times weekly and PRN 36 count monthly (wounds 1, 2, 3)

Sterile Cotton Swabs 3x week and PRN 36-40 swabs monthly (wounds 1, 2, 3)

SCOTT MALING

1520 S DOBSON RD SUITE 312

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Tele:(480) 844-8218 FAX: 14808449950

Physician Signature _____ Date _____

Staff Signature: Electronically Signed by DELGADO, MELISSA Date 07/23/2026