

BATHROOM SAFETY-ORDER FORM/RX

DATE OF ORDER:

Length of Need:_____

PATIENT NAME:

DOB:

ADDRESS:

HT:_____ **WT:**_____

CITY:

PHONE:

ICD 10 Code1_____ **ICD 10 Code3**_____

ICD 10 Code2_____ **ICD 10 Code4**_____

MEDICAL EQUIPMENT ORDER:

____Tub Transfer Bench: E0247

____Reacher: A9281

____Raised Toilet Seat: E0244

____Toilet Safety Frame: E0243

____Shower Chair: E0245

____Bathtub Grab Bar: E0242

____Grab Bars: E0241

____Heavy Duty Bath Bench: E0248

Doctors Name:

NPI:

Address:

Fax #

Phone #

Doctors Signature _____ **Date** _____