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BATHROOM SAFETY EQUIPMENT ORDER FORM

Patient Name: _____ DOB _____

Address _____ TEL: _____

Diagnosis codes: _____ Height: _____ Weight: _____

Length of Need: _____

Equipment Ordered:

_____ E0241 Bathtub Safety Rail Wall Mount

_____ E0242 Bathtub Safety Rail Tub Mount

_____ E0243 Toilet Safety Rail

_____ E0244 Raised Toilet Seat

_____ E0245 Tub Stool or Shower Chair (with or without back)

_____ E0247 Transfer Bench for Tub or Toilet

_____ E0248 Heavy Duty Transfer Bench for Tub or Toilet

Y N Does the patient weigh more than 300 lbs?

Physician Name _____

Address _____

Phone _____ Fax _____

NPI _____

 Signature Date