Northeast Medical Products, Inc

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An Innova Medical Group Company

INNOVA MEDICAL PRODUCTS

BATHROOM SAFETY EQUIPMENT PRESCRIPTION FORM

Patient Name _____ Phone _____

Address _____

Email _____

DOB _____ Height _____ Weight _____

Diagnosis codes _____ Length of Need _____

Alternate Contact Name _____ Relationship _____ Phone _____

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 _____ NPI _____

Address _____

Phone _____ Fax _____

_____ _____
Physician Signature Date