



Bathroom Safety Standard Written Order

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Patient Name: _____ Phone #: _____

Address: _____

Ins ID#: _____ Patient DOB: _____ Sex: ☐ Male ☐ Female

Refer to coverage criteria sheet for all required documentation.

BATHROOM SAFETY ITEM:

Date of Last Visit: _____

Diagnosis and Code: _____

Length of Need (# of months) _____ 1-99 (99=lifetime) Patient Height: _____ in. Weight: _____ lbs.

Standard Equipment

- ☐ Commode, Bedside (3 in 1), 350 lb. max (E0163)
- ☐ Commode, Drop Arm, 300 lb. max (E0165)
- ☐ Raised Toilet Seat (RTS), 300 lb. max (E0244)
- ☐ Shower Chair/Bath Stool, 300 lb. max (E0245)
- ☐ Toilet Safety Frame, 250 lb. max (E0243)
- ☐ Tub Transfer Bench (TTB), 300 lb. max (E0247)

Bariatric Equipment

- ☐ Commode, Bedside, Heavy Duty, 450 lb. max (E0168)
- ☐ Commode, Drop Arm, Heavy Duty, 650 lb. max (E0168)
- ☐ Transfer Tub Bench (TTB), 500 lb. max (E0248)
- ☐ Shower Chair/Bath Stool, 500 lb. max (E0245)

Provider Certification:

I, the patient's treating provider, certify the medical necessity of these items for this patient and maintain medical records reflecting the medical justification and care provided.

Provider's Signature: _____ Date: _____ NPI: _____

Providers Name: _____ Telephone: _____