Bathroom Safety Standard Written Order

Fax: 602-428-6841
Phone: 480-795-7955
Orders@MyTritonSupply.com

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: _____