
Bath and Hygiene Aids Prescription

Provider Name:

Patient Name:

Phone:

Date of Birth:

NPI:

Date of face to face visit:

Length of Need (in months):

Diagnosis and ICD-10 code

Equipment

Bath chair with back

Bath chair without back

Raised toilet seat

Bath transfer bench

Toilet safety frame

Client's height and weight:

Prescriber Signature _____ Date _____