

Phototherapy Prescription

Provider Name:

Patient Name:

Phone:

Date of Birth:

NPI:

Date of face to face visit:

Length of Need (in days):

Diagnosis and ICD-10 code

P59.9 - Neonatal jaundice, unspecified

Other:

Equipment: Phototherapy Device (AKA Biliblanket) to aid in lowering bilirubin levels in infants

Height and weight of infant:

Estimated discontinue date (mm/dd/yy)?

Prescriber Signature _____ Date _____