

626 Trail Avenue, Frederick, MD 21701

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**Physical Therapy Letter of Medical Necessity**

Therapist name, license #

**Patient name:**

**Diagnoses:**

**Recommended Equipment:** Hospital Bed

**Therapy Justification:** This patient is a frequent and repeated faller. She is memory impaired with poor judgment, impulsive behaviors and poor safety awareness. She has fallen multiple times both during the day and at night. If she should fall again she has the potential for serious injuries. She requires assistance with steading her balance (seated and standing), transfers and ambulation. She is unsafe to transfer or ambulate alone and uses a wheelchair for mobility. Her present bed is too low making transfers difficult for her. In addition she requires the support of a transfer rail for steading herself both with transfers and bed mobility. Her present bed is unable to be equipped with a transfer rail. It is my contention that a hospital bed would provide her with appropriate height for transfers as well as a rail for her to use for bed mobility and during transfers.

Thank you for your time and consideration in this matter. Feel free to call with any questions of additional information which may be required. My cell is \*\*\*\*\*\*\*\*\*.

**Therapist signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_