



Tobii ATI provides innovative hardware and software solutions for individuals with disabilities or special education needs.

Sample Prescription

Children's Hospital
123 Main St.
Any Town, USA 12345
Phone: 999.555.1234
Fax: 999.555.2345

Date: 2/2/2008

Patient Name: John Smith
Address: 1234 Chestnut St.
Any Town, USA 12345
DOB: 1/1/1990
Age: 12

Diagnosis Code (ICD 9) (Must be completed by physician)

I have reviewed a copy of and agree with the Speech-Language Pathologist's completed Augmentative Communication Evaluation for the subject patient. The prescribed speech generating device and accessories are necessary to achieve the functional communication goals stated for this patient in the Speech-Language Pathologist's treatment plan and to provide on-going medical care.

RX:

1. Mercury Silver Bundle (Mercury, accessory tools, AC power adapter, mounting plate system, User's Guide) with Communication Software Option
2. Buddy Button Switch
3. Backpack-style Carrying Case
4. Wheelchair Mount

Length of Need (# of Months) 1-99 (99= lifetime) (must be filled in by physician)

MEDICALLY NECESSARY

Physician's Name (print): _____

NPI #: _____ Phone #: _____

Medicaid Provider # : _____ UPIN# _____ License #: _____

Address: _____

Physician's Signature: _____ Date: _____