

LMN for Patient Lift

Date:

Re:

DOB:

(Patient) is a (age) year old (sex) that has a diagnosis of, but not limited to (diagnosis). (Patient) is non-ambulatory, non-verbal and is dependent on caregivers for all aspects of care. Due to his/her complex medical condition, his/her size and the need for 2 or more people to lift her/him for transfer. I am requesting the (patient) receive a patient lift to assist with any type of transfers. A patient lift will allow to be able to be transferred safely and to keep health and free of injuries.

Sincerely,