

Accucare Medical  
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## Physician Order Commode

PHYSICIAN

PATIENT

Phone: Fax:

Customer/Order No:

Start Date	Procedure Code	Qty	Units	Description
	E0163NU	1	1	COMMODOE, 3-IN-1 STEEL

The above equipment is needed by this patient. Length of Need: [ \_\_\_\_ ] Months [ \_\_\_\_ ] Lifetime

Diagnosis Codes (ICD-10) \_\_\_\_\_

Prognosis: ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Uncertain \_\_\_\_\_

- ☐ Yes ☐ No 1. Is the patient confined to a single room?  
☐ Yes ☐ No 2. Is the patient confined to one level of the home in which there is no toilet?  
☐ Yes ☐ No 3. Is the patient confined to a home in which there are no toilet facilities?  
☐ Yes ☐ No 4. Does the patient require a extra wide/heavy duty commode chair (E0168) because patient weighs 300 pounds or more?  
☐ Yes ☐ No 5. Does the patient require a bedside commode with detachable arms (E0165) to facilitate transferring of the patient or does the patient's body configuration require extra width?

I, the undersigned, certify that the above prescribed durable medical equipment is medically necessary as part of my treatment for this patient. In my opinion, the equipment prescribed is reasonable and necessary for accepted standards of medical practice and treatment of this patient's condition and has not been prescribed as "convenience equipment".

UPIN:

Date

(Can not be cosigned)

As soon as Progress Notes or Medical Records that support the prescription are available, please fax or mail a copy as we are now required to keep them in our files.

