

3 in 1 Commode (L4991)

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Section I

PATIENT: Phone:	PHYSICIAN:
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Section II

DIAGNOSIS and ORDER

Diagnosis: _____

BEDSIDE COMMODOE (3 IN 1)

Length of Need : _____

Section III

(Check **Y** for Yes, or **N** for No)

ADDITIONAL MEDICAL INFORMATION

1. Is the patient confined to a single room? Y N
2. Is the patient confined to one level of the home environment and there is no toilet on that level? Y N
3. Is the patient confined to the home and there are no toilet facilities in the home? Y N
4. How much does the patient weigh? _____ Lbs
5. Is the detachable arms feature necessary to facilitate transferring the patient or if the patient has a body configuration that requires extra width? Y N

PLEASE ALSO INCLUDE, IF AVAILABLE, H&P, PROGRESS NOTES (MOST RECENT PERTAINING TO DIAGNOSIS), PRESCRIPTION AND/OR ANY OTHER RELEVANT INFORMATION

Physician Signature _____

Date _____