



DETAILED WRITTEN ORDER FOR COMMODORE

Patient's name: _____

Date of the order: _____ Start date: _____

Detailed description of the item:

Length of Need: _____ Months

A commode is covered when the patient is physically incapable of utilizing regular toilet facilities in one of the following situations:

- The patient is confined to a single room.
- The patient is confined to one level of the home environment and there is no toilet on that level.
- The patient is confined to the home and there are no toilet facilities in the home.

Detachable arms are covered if one of the following is met:

- Detachable arms are necessary to facilitate transferring the patient.
- Patient has a body configuration that requires extra width.

Physician/practitioner's name: _____

Physician/practitioner's signature: _____

****fax to 419.754.2692 with patient's demographics.**