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## Checklist for Commode Requests

- Letter of medical necessity
  - Relevant diagnosis
  - Criteria for commode
    - Confined to single room in the home OR
    - Confined to single level of the home on which there is no toilet OR
    - Confined to the home and there is no toilet facility in the home
  - Signature of physician
  - Date

### AND

- Prescription
  - Signed and dated by MD/NP
  - #quantity

Fax the request over to Allcare Medical Supply  
508-865-6370

Call us anytime to check the status:  
508-865-4857

(choose option 3 for the Prior Approval department)