



NORTHEAST MEDICAL PRODUCTS, INC
520 Boston Post Rd
Old Saybrook, CT 06475
860-388-1437 F: 860-388-0368
www.northeastmedicalproducts.com

COMMODE ORDER FORM

Patient _____ DOB _____

Address _____

Diagnosis codes _____

Length of Need: _____ Height _____ Weight _____

Equipment:

_____ E0163 Commode

_____ E0165 Drop Arm Commode

_____ E0168 Bariatric Commode

Coverage questions:

- | | | |
|---|---|--|
| Y | N | Is there a bathroom in the home? |
| Y | N | Is the patient confined to one level of the home that has no bathroom? |
| Y | N | Is the patient confined to one room in the home? |
| Y | N | Does the patient require drop arms to facilitate transfer to commode? |
| Y | N | Does the patient weigh more than 300 lbs? |

Physician Name _____ Phone _____

Address _____

Fax _____ NPI _____

Signature

Date