Stoll's Pharmacy, Inc.
185 Grove Street Waterbury, CT 06710
T: 203-575-0199 ◆ F: 203-575-0515
www.StollsPharmacy.com ◆ Email: Info@StollsPharmacy.com

Bedside Commode

Order Start Date: _____

Patient Name: _____ Date of Birth ____/____/____

Patient Street Address: _____ City, ST, Zip: _____

Dear Prescriber,

Stoll's Pharmacy, Inc. is in receipt of an order placed by you or your staff to provide services for your patient listed above. The information below is a written confirmation of this order. **Please fill in all pertinent information as well as modify any incorrect entries so that your patient receives their full medical insurance benefit.**

Equipment Ordered:

_____E0163 Commode, Fixed Arms

_____ E0168 Commode, Extra Wide/Heavy Duty Patient Height: _____ Patient Weight: _____

Please answer the following questions:

1. Is the patient confined to a single room?
   ☐ Yes ☐ No
2. Is the patient confined to one level of the home environment where no toilet is available on that level?
   ☐ Yes ☐ No
3. Is the patient confined to the home where there are no toilet facilities in the home?
   ☐ Yes ☐ No
4. Is a commode chair with detachable arms necessary to facilitate transferring the patient?
   ☐ Yes ☐ No
5. Does the patient have a body configuration that requires additional seat width?
   ☐ Yes ☐ No

Statement of Medical Necessity:

Diagnosis (**ICD-10-CM Code**):

Length of Need:

Please complete and sign below to indicate your acceptance of the above information and return the original form to us in the envelope provided. If you have any questions, please contact us at (203) 575-0199

Doctor Name: _____ **Prescriber NPI #:** _____

Street Address: _____**City, ST, Zip** _____

Signature: _____ **Date Signed:** _____/_____/_____

SIGNATURE AND DATE STAMPS ARE NOT ACCEPTED BY INSURANCE COMPANIES

Signing Prescribers NPI # (If Different from above) _____