



CERTIFICATE OF MEDICAL NECESSITY - SEAT LIFT MECHANISM
 DEPARTMENT OF HUMAN SERVICES
 MEDICAL SERVICES DIVISION
 SFN 724 (8-2006)

SECTION A

Certification Date/Type	
Name	Patient ID

SECTION B - Information in this Section May Not Be Completed by the Supplier of the Items/Supplies.

Estimated Length of Need (Number of Months) 1-99 (99 = LIFETIME)
ANSWER QUESTIONS 1 - 5 FOR SEAT LIFT MECHANISM
1. Does the patient have severe arthritis of the hip or knee?
2. Does the patient have a severe neuromuscular disease?
3. Is the patient completely incapable of standing up from a regular armchair or <u>any</u> chair in his/her home?
4. Once standing, does the patient have the ability to ambulate?
5. Have all appropriate therapeutic modalities to enable the patient to transfer from a chair to a standing position (e.g., medication, physical therapy) been tried and failed? If YES, this is documented in the patient's medical records.

SECTION C - Narrative Description

Narrative description of all items, accessories and options ordered.
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SECTION D - Physician Signature/Date

Signature	Date	(Signature and Date Stamps are not acceptable)
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