

7 Element Order

A physician may only write a prescription for a power mobility device after the visit and examination are complete. This prescription must contain the following seven elements:

- 1-Beneficiary's name
- 2-Description of the item that is too ordered. This may be general-e.g., "power operated vehicle (POV)," "power wheelchair," or "power mobility device"- or may be more specific.
- 3-Date of completion of the face-to-face examination
- 4-Pertinent diagnosis/conditions that relate to the need for the POV or power wheelchair
- 5-length of need
- 6-Physician's signature and date
- 7-Physician's NPI number

The order needs to be filled out in the physician's hand writing throughout the order.

Patient Name:	Physician Name:
Address:	Location:
Phone #:	Phone #:
DOB:	
Height: Weight:	

Date of Face to Face: _____

Requested Durable Medical Equipment:	
Diagnosis Code (ICD-9):	
Length of Time Equipment Needed	<input type="checkbox"/> Lifetime <input type="checkbox"/> Other:
Physician Signature:	Signature Date:
Physician NPI#	

EVERYTHING ON THIS FORM MUST BE FILLED IN