

**7-Element Written Order
For Power Mobility Device**

1. Patient Name: _____ DOB: _____

2. Description of the item ordered *(please specify whether scooter or power wheelchair):*

3. Face-to-Face Examination Date: _____

(date the face-to-face process is complete;

i.e. date OT/PT Eval is co-signed by physician OR date of in-person visit with physician, whichever is later)

4. Pertinent Diagnoses/conditions that relate to the need for item ordered:

5. Length of Need: _____ (99 = lifetime)

6. Physician Signature: _____

Physician Printed Name: _____ NPI: _____

7. Signature Date: _____