

7-Element Written Order Form - Mobility Device

*NOTE: Medicare requires that ALL 7 elements must be handwritten by the ordering practitioner.

*NOTE: All corrections must be initialed and dated (white-out/correction tape is NOT permitted).

1 Beneficiary/
Patient Name: _____

2 Equipment
Ordered: _____

3 Date of Face-to-Face
Mobility Examination: _____

4 Diagnosis/Condition
relating to the need for item: ICD-10 CODE DIAGNOSIS

WEIGHT _____
HEIGHT _____
(To select the appropriate equipment)

ICD-10 CODE	DIAGNOSIS
_____ . _____	_____
_____ . _____	_____
_____ . _____	_____
_____ . _____	_____

5 Length of Need: _____ # of months
(99 = lifetime)

6 Physician's Signature: _____
No Signature Stamps.

Physician Printed Name.

7 Date of
Physician's Signature: _____

