



Power Wheelchair 7 Element Order

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. e.g. **"power operated vehicle"**
- 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 INFORMATION

Patient: _____

DOB: _____

Order Date: _____

Patient Contact Number: _____

Patient Height: _____

Patient Weight: _____

DIAGNOSIS

DX Code: _____

Length of need: 99 or _____

PHYSICIAN INFORMATION

Practitioner's Name: _____

NPI: _____

Practitioner's Signature

Date

Note: Fax to 561-290-1434 and we will take care of the rest. 1) This Form 2) patient demographic sheet 3) Face to Face Chart Notes.

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