



www.AtlanticHP.com/Rx

7 Element Order Scooter

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.

West Palm Beach
 6782 Forest Hill Blvd, West
 Palm Beach, FL 33411
 561-964-6767

Atlantic Healthcare Products
Medical Documentation Coordination
Phone: 561-290-1434
 Fax: 561-290-1434

Boynton Beach
 9832 S. Military Trail G1
 Boynton Beach, FL 33411
 561-733-2331