

Standard Written Order (SWO) PRESCRIPTION

1. Beneficiary /
Patient Name:

**NAME
HERE**

2. Item for
Order:

**ITEM
HERE**

3. Diagnosis/Condition
Relating to the Need
for the Item Ordered:

**ADD ALL
CODES AND
CONDITIONS
THAT APPLY**

ICD-10 CODE

DIAGNOSIS

| | | |
|-------|---|-------|
| _____ | . | _____ |
| _____ | . | _____ |
| _____ | . | _____ |
| _____ | . | _____ |
| _____ | . | _____ |
| _____ | . | _____ |
| _____ | . | _____ |
| _____ | . | _____ |

4. Length of
Need:

**LON
HERE**

_____ # of months (99 = lifetime)

5. Physician's
Signature:

**SIGN
HERE**

(no signature stamps)

**NPI #
HERE**

6. Date:

**DATE
HERE**

****ALL SECTIONS MUST BE WRITTEN IN BY THE ORDERING PHYSICIAN****