
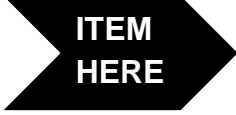



Standard Written Order (SWO) PRESCRIPTION


→ 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****