



Office: 336-602-1668 Fax: 866-211-2286

2255 Lewisville Clemmons Road
Suite F
Clemmons, NC 27012

7 Element Written Order for Power Mobility

Patient's Name: _____

Description of item ordered: _____

Date of Face to Face Examination: ____ / ____ / ____

Pertinent Diagnosis/Conditions that relate to the need for the item ordered:

Length of Need: ____ Months

Physician's Name (Print Clearly): _____

Physician's Signature: _____

Date of Physician Signature: ____ / ____ / ____