



## 7-Element Written Order

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**Beneficiary's Name**

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**Description of the item ordered**

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**Date of the face-to-face examination**

*(Date the face-to-face process is complete)*

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**Pertinent diagnoses/conditions that relate to the need for the item ordered**

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**Length of need**

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**Physician signature**

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**Physician Name (Print Clearly)**

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**Date of physician signature**

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