



5200 W. 78th Street, Bloomington, MN 55435 Phone 952-941-6800 Fax 952-941-6006

**Power Mobility Device- 7 Element Order
Prescription**

1. Beneficiary/Patient Name: _____
2. Item for Order: _____
3. Date of Face to Face Examination: _____

**4. Diagnosis/Condition Relating to
the need for the item**

ICD-9	Diagnosis
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. Length of Need: _____ # of Months (99=Lifetime)
6. Physician's Signature: _____ (No signature stamps)
7. Date: _____

Please fax back to LTC Wheelchairs at (952) 941-6006