Standard Written Order (SWO)

Beneficiary's name or Medicare Beneficiary Identifier (MBI) _____

Order Date _____

General description of the item (the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number)

Treating Practitioner Name or NPI _____

Treating practitioner's signature _____