



# Standard Written Order (SWO)

Beneficiary's Name: \_\_\_\_\_

Order Date: \_\_\_\_\_

Length of Need: \_\_\_\_\_

General Description of the Item: \_\_\_\_\_

Treating Practitioner Printed  
Name: \_\_\_\_\_

Treating Practitioner's Signature: \_\_\_\_\_

Must be completed by the Treating Practitioner

**FAX REFERRAL TO 1-866-836-8782**