

Physician Order Form - Insulin Pump Supplies

Ordering Physician	Physician's Address	Supplier Information
_____ _____ _____ Phone _____ Fax _____	_____ _____ _____	XYZ Medical Supply 123 Healthcare St, Suite 200 Medical City, CA 90210 Fax: 888-123-4567 Call: 800-555-1234

Patient Name: _____

Patient DOB: _____

Diagnosis:

- ☐ ☒ Type 1 Diabetes Mellitus (E10)
- ☐ ☐ Type 2 Diabetes Mellitus (E11)
- ☐ ☐ Other: _____

Insulin Pump:

- ☐ ☒ Insulin Pump (E0784)
- ☐ ☐ Other: _____

Insulin Type(s)

Insulin Type	Dosage
<input checked="" type="checkbox"/> Rapid-Acting Insulin (e.g., Lispro)	_____ Units
<input type="checkbox"/> Short-Acting Insulin (e.g., Regular)	_____ Units
<input type="checkbox"/> Long-Acting Insulin (e.g., Glargine)	_____ Units

Infusion Set:

- ☐ ☒ Patient Preference
- ☐ ☐ Specific Type: _____

Supplies:

- ☐ ☒ All Related Supplies
- ☐ ☐ Insulin Cartridges (K0553)
- ☐ ☐ Infusion Sets (A4221)
- ☐ ☐ Other: _____

The following items are necessary for the proper use of the Insulin Pump:

Insulin Pump (E0784)	Infusion Set (A4221)
Cartridges (K0553)	Batteries for Pump (A4215)
Reservoirs (A4222)	Tubing (A4223)

Physician's Signature: _____

NPI: _____

License: _____

Date: _____

Please Fax To: 1-888-123-4567