

Physician Order Form - Glucose Monitor Supplies

| Ordering Physician | Physician's Address | Supplier Information |
|---|-------------------------|--|
| _____ _____ _____ Phone _____ Fax _____ | _____ _____ _____ | ABC Medical Supplies 456 Health Ave, Suite 300 Wellness City, TX 75001 Fax: 877-555-9876 Call: 800-777-6543 |

Patient Name: _____

Patient DOB: _____

Diagnosis:

- ☐ ☒ Type 1 Diabetes Mellitus (E10.9)
- ☐ ☐ Type 2 Diabetes Mellitus (E11.9)
- ☐ ☐ Gestational Diabetes (O24.4)
- ☐ ☐ Other: _____

Glucose Monitor Type:

| Monitor Type | Additional Instructions |
|---|-------------------------|
| <input checked="" type="checkbox"/> Blood Glucose Meter (E2100) | _____ |
| <input type="checkbox"/> Continuous Glucose Monitor (E2103) | _____ |

Supplies:

- ☐ ☒ Test Strips (A4253)
- ☐ ☐ Lancets (A4259)
- ☐ ☐ Lancing Device (A4258)
- ☐ ☐ Control Solution (A4256)
- ☐ ☐ Other: _____

The following items are necessary for the proper use of the Glucose Monitor:

| | |
|------------------------------------|---|
| Blood Glucose Meter (E2100) | Test Strips (A4253) |
| Lancing Device (A4258) | Lancets (A4259) |
| Control Solution (A4256) | Continuous Glucose Monitor (E2103) |

Physician's Signature: _____

NPI: _____

License: _____

Date: _____

Please Fax To: 1-877-555-9876