



## Accu-Chek/OneTouch Prescription Form

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

Please fill out this Rx form and fax it back to the **Culinary Pharmacy at 702-369-5940** in order to have a new prescription filled.

Patient: \_\_\_\_\_ D.O.B. \_\_\_\_\_

### ACCU-CHEK Meters



ACCU-CHEK NANO Meter  
Quantity \_\_\_\_\_

ACCU-CHEK SmartView Test Strips x 100  
Quantity \_\_\_\_\_



ACCU-CHEK AVIVA PLUS METER  
Quantity \_\_\_\_\_

ACCU-CHEK AVIVA PLUS  
Test Strips x 102  
Quantity \_\_\_\_\_

### OneTouch Meters



ULTRA 2 Meter  
Quantity \_\_\_\_\_

OneTouch Ultra Blue Test Strips x 100  
Quantity \_\_\_\_\_



ULTRA MINI Meter  
Quantity \_\_\_\_\_

OneTouch Ultra Blue Test Strips x 100  
Quantity \_\_\_\_\_

### Accu-Chek Lancets



FASTCLIX x 102  
Quantity \_\_\_\_\_

### OneTouch Lancets



DELICA x 100  
Quantity \_\_\_\_\_

### Supplies



Alcohol Swabs x  
100  
Quantity \_\_\_\_\_

Recommended Test: \_\_\_\_\_ x per day

Refills: \_\_\_\_\_

### For Office Use Only

Physician Name: \_\_\_\_\_ DEA# \_\_\_\_\_

Dispense as Written: \_\_\_\_\_ Substitution Permitted \_\_\_\_\_

Physician Signature: \_\_\_\_\_

**FAX THIS FORM BACK TO THE CULINARY PHARMACY AT 702-369-5940**