



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: _____

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