

DETAILED WRITTEN ORDER

PATIENT _____ DOB _____

START DATE IF OTHER THAN DATE SIGNED _____

LENGTH OF NEED – LIFETIME

ICD-10 DIAGNOSIS CODE _____

PROCEDURE CODE: A4230/A4221/A4224

A4232/K0552/A4225

ITEMS TO BE DISPENSED: May be dispensed in 90 day supply or insurance max limit

A4230/A4221/A4224 INFUSION SETS X #1 BOX PRN REFILLS

A4232/K0552/A4225 CARTRIDGES X #1 BOX PRNREFILLS

PATIENT CHANGES INFUSION SETS/CARTRIDGES

EVERY _____ DAYS

PHYSICIANS SIGNATURE _____

DATE _____

PHYSICIAN PRINTED NAME _____

NPI _____

FAX BACK TO 205-648-9644

Ken Glover Drug phone 205-648-9918

KGD06/20