

**DETAILED WRITTEN ORDER**

PATIENT \_\_\_\_\_ DOB \_\_\_\_\_

START DATE IF OTHER THAN DATE SIGNED \_\_\_\_\_ LENGTH OF NEED – 12 MONTHS

ICD-10 DIAGNOSIS CODE \_\_\_\_\_

PROCEDURE CODE: E0607, A4253, A4259, A4250, A4245, A4256, A4258

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

GLUCOMETER X 1

TEST STRIPS X \_\_\_\_\_ CONTROL SOLUTION X 1 URINE STRIPS X \_\_\_\_\_

LANCETS X \_\_\_\_\_ LANCET DEVICE X 1 ALCOHOL WIPES X 1 BOX

PRN REFILLS

TEST BLOOD SUGAR \_\_\_\_\_ TIMES

DAILY DOES THIS PATIENT TAKE INSULIN? YES \_\_\_\_\_ NO \_\_\_\_\_

PHYSICIANS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PHYSICIAN PRINTED NAME \_\_\_\_\_ NPI \_\_\_\_\_

FAX BACK TO 205-648-9644

Ken Glover Drug phone 205-648-9918