

DETAILED WRITTEN ORDER

PATIENT _____ DOB _____

START DATE IF OTHER THAN DATE SIGNED _____ LENGTH OF NEED – 12 months

ICD-10 DIAGNOSIS CODE _____

PROCEDURE CODE: A9274 PODS

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

A9274 OMNIPODS X #1 BOX PRN REFILLS

PATIENT CHANGES EVERY _____ DAYS

PHYSICIANS SIGNATURE _____

DATE _____

PHYSICIAN PRINTED NAME _____

NPI _____

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KGD06/20