



1020 PALM PARKWAY
WESLACO, TEXAS 78596

PHONE: (866) 969-9596 FAX: (956) 969-9569

DIABETIC MANAGEMENT PHYSICIAN'S ORDER

PLEASE COMPLETE THE FOLLOWING INFORMATION LEGIBLY. EFFECTIVE DATE: _____

PATIENT NAME: _____ PHONE NUMBER: _____

STREET ADDRESS: _____

CITY: _____ STATE: TEXAS ZIP: _____

PATIENT ID NUMBER (POLICY NUMBER) _____

PATIENT SECONDARY INSURANCE ID NUMBER _____

PATIENT'S DATE OF BIRTH: _____ SEX: MALE FEMALE

THIS SECTION MUST BE SIGNED BY THE PHYSICIAN

- TYPE I
- CONTROLLED
- UNCONTROLLED
- INSULIN BY INJECTION
- TYPE II

PATIENT/CAREGIVER IS CAPABLE OF LEARNING PROPER OPERATION OF THE DEVICE

DME SUPPLIES REQUIRED (PLEASE CHECK)	FREQUENCY PER DAY	QUANTITY
Diabetic Testing Strips		50/BX
Lancets		100/BX
Control Solution		1/QUARTERLY
Lancet Device		1/SEMI-ANNUAL
Insulin Syringe		100/BX
Pentip Needles		100/BX

PHYSICIAN'S SIGNATURE: _____ DATE: _____

PHYSICIAN'S NAME: _____ NPI #: _____

ADDRESS: _____

CITY, STATE, ZIP: _____, TEXAS PHONE #: _____

Rx is only valid for lifetime (99 months) after the date of dispensing unless a change in frequency occurs.