



Diabetic Supplies

Detailed Written Order

Patient Name: _____ DOB: _____

Patient Address: _____ Date: _____

<p><i>100 Blood Glucose Test Strips</i></p> <p><i>100 Lancets</i></p> <p><i>1 Lancing Device (only 1 per 5 years)</i></p> <p>Patient is to test blood sugar _____ times daily.</p> <p># of Refills Authorized: _____</p> <p>Diagnosis: _____</p>
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Ordering Physician Printed Name: _____ NPI: _____

Dispense as Written

Substitution Permitted