

MEDCO MEDICAL SUPPLY, INC.

4300 WEST 12TH

HOUSTON, TX 77055

(713) 956-5288 / FAX (713) 980-1476

**ORDER / PRESCRIPTION
BLOOD GLUCOSE MONITORS AND SUPPLIES**

PRESCRIBED DATE: _____

LENGTH OF NEED: TWELVE MONTHS

PATIENT INFORMATION

PATIENT NAME: _____ D.O.B.: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

MEDICARE #: _____

CLINICAL INFORMATION

****** COVERAGE OF HOME BLOOD GLUCOSE MONITORS IS LIMITED TO PATIENT'S MEETING THE FOLLOWING CONDITIONS. IF THE PATIENT IS NOT USING INSULIN AND IS TO TEST MORE THAN ONE TIME PER DAY ADDITIONAL DOCUMENTION IS REQUIRED. PLEASE REFER TO THE ATTACHED LMN DOCUMENT.**

DIABETIC DIAGNOSIS CODE: 250._____ (FIVE DIGIT ICD-9 CODE REQUIRED)

HOW MANY TIMES PER DAY IS THE PATIENT TO BE TESTED: _____

IS THE PATIENT CURRENTLY USING INSULIN INJECTIONS: YES _____ NO _____

SUPPLIES BEING PRESCRIBED:

QUANTITY PER MONTH IN BOXES: (Circle One Column)

1X PER DAY 2-3X PER DAY 4-5X PER DAY 6X+ PLEASE SPECIFY

TEST STRIPS: YES _____ NO _____

1Box/50 2Boxes/50 3Boxes/50 _____

LANCETS: YES _____ NO _____

1Box/100 1Box/100 2Boxes/100 _____

GLUCOMETER: YES _____ NO _____

(1)

PHYSICIAN INFORMATION

PHYSICIAN NAME: _____ UPIN: _____

ADDRESS: _____ SUITE #: _____

CITY: _____ ST: _____ ZIP: _____ TELEPHONE #: _____

PHYSICIAN SIGNATURE: _____ DATE: _____

***** By signing my signature above, I am stating that: The patient has diabetes and is/was being treated by me. All of the information contained on this Order/Prescription accurately reflects the patient's diabetic condition and the treatment regimen I prescribed. I have seen this patient within the last six (6) months to evaluate their diabetes control and that this document confirms my order. My medical records for this patient substantiate the prescribed testing frequency. The patient/caregiver is able to follow instructions for controlling diabetes and is able to use the ordered items. I will maintain a copy of this signed original Order/Prescription in the patient's medical record file and make it available for Medicare/Insurer audit purposes.