PHYSICIAN'S ORDER

INSURANCE REQUIRES THIS INFORMATION

Dear Doctor,

This patient has given your name as the physician of record. Medicare/Insurance rules require us to obtain an order for these DME supplies. Please sign and return. Enter the appropriate notes in your patient's chart. Thank you.

Yes No Patient has diabetes

Yes No Patient needs to monitor his/her blood glucose levels

Yes No Patient is insulin dependent

Yes No Patient or caregiver is able to use the monitor

Yes No Patient may test _____ (enter number) times a day

Yes No I have seen the patient within the last 6 months

Dx 250.00 (non-insulin)Dx 250.01 (insulin)Other: _____

Check Items that apply:

☐ **Test strips** ☐ **Lancets** ☐ **Monitor (if needed)**

☐ **Control solution** ☐ **Lancing device** ☐ **Other (attach narrative)**

_____ Date _____/____/____
Signature

_____ UPIN # _____
Print name