

**Smith's Drugs of Forest City**

139 East Main Street

Forest City, NC 28043

Phone: (828) 245-9215 Fax: (828) 641- 9677 or (828) 245-1793

**Physician Order**

**HOME BLOOD GLUCOSE MONITORS AND SUPPLIES**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_



Date of Order: \_\_\_\_/\_\_\_\_/\_\_\_\_ Length of Time Needed: \_\_\_\_\_

Diagnosis (list all): 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_



Type of Equipment: Diabetic Testing Supplies

HCPC Codes & Descriptions: (Check all that are requested)

- E0607 – Blood Glucose Monitor (Brand: \_\_\_\_\_)
- A4253 – Test Strips  A459 – Lancets
- A4235 – Glucometer Batteries  A4256 – Control Solution
- Other: \_\_\_\_\_

Number of Refills: \_\_\_\_\_ (**Must be specific – e.g. PRN not acceptable**)



Is the patient insulin treated?  Yes  No

Frequency of Testing: \_\_\_\_\_

**(Frequency MUST BE SPECIFIC – e.g. PRN or 1 to 2 times daily NOT ACCEPTABLE)**

Is the patient capable of being trained to use the device?  Yes  No

If the patient is not capable of being trained, is there a responsible individual that can be trained to do it for them?  Yes  No  Does Not Apply

Does the patient have a visual impairment >20/200 or a documented impaired of manual dexterity?  Yes  No

If so, is supporting document attached?  Yes  No



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828-245-1793  
**NPI:** 1437171949

**Physician:**  
**Address:**  
**Phone:**  
**Fax:**  
**NPI:**

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_