

Smith's Drugs of Forest City

139 East Main Street

Forest City, NC 28043

(828) 245-4591 Fax: (828) 245-5013

Physician Order

HOME BLOOD GLUCOSE MONITORS AND SUPPLIES⁴

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 A2459 – Lancets
- A4235 – Glucometer Batteries A4256 – Control Solution
- Other: _____

Quantity for Strips and Lancets: _____
(Please Note: Test strips come in quantities of 50; lancets come in quantities of 100)

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



Provider Name:	Smith's Drugs of Forest City	Physician:	_____
Address:	139 East Main Street	Address:	_____
	Forest City, NC 28043		_____
Phone:	828-245-4591	Phone:	_____
Fax:	828-245-1793	Fax:	_____
NPI:	1437171949	NPI:	_____

Physician's Signature: _____ Date: _____