

Smith's Drugs of Forest City

139 East Main Street

Forest City, NC 28043

(828) 245-4591 Fax: (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: _____

Quantity for Strips and Lancets: _____

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: _____