

CDS #10 Pharmacy

1308 Ashley Circle
Bowling Green KY 42104

(270) 781-5661

www.cds10.com

Date: _____

Dr. _____

Durable Medical Equipment-Doctor's Order

****This Doctor's Order replaces the CERTIFICATE OF MEDICAL NECESSITY and is required by insurance regulations!

Patient Name: _____

DOB: _____

Ins #: _____

Your Patient has ordered the following supplies from us: CDS#10 Pharmacy

HCPCS

A4253

A4259

A4258

E0607

J1820

A4206

A4256

ITEM

Test Strips

Lancets

Lancet Device

Glucose Monitor

Insulin

Syringes

Control Solution

In order for your patient to receive supplies covered by Medicare or their insurance company, please fill out and sign this form:

1. Patient is expected to test Blood Sugar _____ times per day
2. Medical supplies listed below are required for patient's lifetime? _____ Yes _____ No
3. What is the beneficiary's Diagnosis Code (icd-10) _____

Physician's Signature _____ Date ____/____/____

(Signature & Date stamps not acceptable)