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CHAD WOJNAR RPh, PRESIDENT **JACK LOVELAND RPh, VICE PRESIDENT**

Physician's Order Form for Continuous Glucose Monitoring and Supplies

Date Ordered: ___/___/_____ ☐ Initial ☐ Renewal **Date of Face to Face:** ___/___/_____

Patient's Name: _____ **Date of Birth:** ___/___/_____

Patient's Address: _____

Insurance ID #: _____

Diagnosis (ICD-10 code that supports medical necessity)

☐ E10.9 ☐ E10.65 ☐ E10.649 ☐ E11.9 ☐ E11.8 ☐ E11.65 ☐ E11.649 ☐ Other _____

Reason(s) for prescribing continuous glucose monitor to improve patient's glycemic control

☐ Insulin- treated Insulin type / brand: _____

☐ History of problematic hypoglycemia

Order Detail

Duration of need: LIFETIME (99)- unless specific otherwise: _____

☐ **FreeStyle Libre 3 Plus sensor and FreeStyle Libre 3 reader**	☐ **FreeStyle Libre 2 Plus sensor and FreeStyle Libre 2 reader**
· Use **FreeStyle Libre 3 Plus sensor** and **FreeStyle Libre 3 Reader** per manufacturer guidelines, in accordance with FDA indications for use · **Change FreeStyle Libre 3 Plus sensor every 15 days** · **Dispense** six sensors/ 90 days	· Use **FreeStyle Libre 2 Plus sensor** and **FreeStyle Libre 2 Reader** per manufacturer guidelines, in accordance with FDA indications for use · **Change FreeStyle Libre 2 Plus sensor every 15 days** · **Dispense** six sensors/ 90 days
DISPENSE AS WRITTEN	

Physician Name: _____ **NPI #** _____

Physician Address: _____

I certify that I am the physician identified in the "Physician Information" section and hereby attest that the medical necessity information is true, accurate, and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability. The patient/ caregiver is capable and has successfully completed or will be trained on the proper use of the products prescribed on this order.

Physician Signature: _____ **Date Signed:** ___/___/_____

RSP