

# PrescribeIT Rx

10749 Marks Way  
Miramar, FL 33025  
Phone: (800) 526-1490 Fax: (800) 526-1491

## Glucose Meter/Supplies Order Form

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

The TRUEResult meter uses a GDH-PQQ sensor. Please do not prescribe it for patients who are receiving interfering products: extraneal (icodextrin) peritoneal dialysis solution, Octagam 5%, Gamimune N 5%, WinRho SDF liquid, vaccinia immune globulin intravenous (human), HepaGam B, Orencia (abatacept), Adept adhesion reduction solution (4% icodextrin), Bexxar radioimmunotherapy agent or any product containing or metabolized into maltose, galactose or xylose.

## TRUE METRIX Meters and Test Strips

Please circle requested information below:

<b>Meter needed?</b>	<b>Yes</b> <b>No</b>
<b>Test strips — quantity</b>	<b>#50</b> <b>#100</b> <b>Other</b> _____
<b>Lancets — quantity</b>	<b>#100</b> <b>Other</b> _____
<b>Test frequency — number of times patient tests per day</b>	<b>QD</b> <b>BID</b> <b>TID</b> <b>QID</b> <b>Other</b> _____
<b>Refills</b>	<b>PRN</b> <b>Other</b> _____

Physician name (please print or type): \_\_\_\_\_ NPI: \_\_\_\_\_

Physician signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Note: The following information must be confirmed by the member's physician:

- The patient who will be provided with a no-cost glucose meter has been diagnosed as having diabetes and is capable of being trained to use the particular device prescribed in an appropriate manner.
- In some cases, the patient may not be able to perform this function, but a responsible individual can be trained to use the equipment and monitor the patient to ensure that the intended effect is achieved. This is permissible if the record is properly documented by the patient's physician.

By providing the information requested and signing this form, you are confirming the information noted above. For questions regarding fax transmittal, call 1-800-526-1490. Please allow 10 days for delivery.