

FAX TO: Toll Free 1-866-269-0080

Ph# 1-866-269-3335



Insurances: PPO's HMO's Medicaid

**PATIENT INFORMATION**

Diagnosis code: 250. \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

Social Security#: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone #: \_\_\_\_\_

Insurance: **BETTER HEALTH**

ID #: \_\_\_\_\_

MEDICATION AND STRENGTH	QTY	DIRECTIONS	REFILLS
<input type="checkbox"/> NOVOLOG VIAL <input type="checkbox"/> HUMALOG VIAL			
<input type="checkbox"/> NOVOLOG FLEXPENS <input type="checkbox"/> HUMALOG PENS			
<input type="checkbox"/> NOVOLOG 70/30 FLEXPENS <input type="checkbox"/> HUMALOG 75/25 PENS			
<input type="checkbox"/> NOVOLOG 70/30 VIAL <input type="checkbox"/> HUMALOG 75/25 VIAL			
<input type="checkbox"/> NOVOLIN N VIAL <input type="checkbox"/> HUMULIN N VIAL			
<input type="checkbox"/> NOVOLIN 70/30 VIAL <input type="checkbox"/> HUMULIN 70/30 VIAL			
<input type="checkbox"/> LEVEMIR <input type="checkbox"/> LEVEMIR FLEX PENS			
<input type="checkbox"/> LANTUS VIAL <input type="checkbox"/> BYETTA			
<input type="checkbox"/> LANTUS SOLO STAR PENS <input type="checkbox"/> OTHER INSULIN:			
<b>INSULIN SYRINGES</b> 29g 30g 31g 1/3 cc 1/2 cc 1cc      1/2 Unit Markings			
<b>PEN TIP NEEDLES</b> 29g 30g 31g minis			
GLUCAGON EMERGENCY KIT			
KETOSTIX <b>50ct</b> Bottle <b>20ct</b> Foil Wrap			
<b>GLUCOSE METERS:</b> Contour TS      True Track One Touch Select      Ultra2      Other:			
<b>TEST STRIPS:</b> Contour TS      True Track One Touch Select      Ultra      Other:			
LANCETS			
INFUSION SETS			
RESERVOIRS			
ALCOHOL SWABS			
<input type="checkbox"/> IV PREP PADS <input type="checkbox"/> IV3000 <input type="checkbox"/> ADHESIVE REMOVER			

**Doctor Name/Address/Phone/Fax:** \_\_\_\_\_

Prescriber Signature : \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Check here if patient injects more than 2x daily

**If prescribing more than 200 lancets / 350 strips per month check:**

- Fluctuating BG     Uncontrolled BG     Obesity     Hypoglycemia  
 Hyperglycemia     Basal/Bolus Regimen    Other: \_\_\_\_\_

# Daily Injections