



AZ Diabetic

386 Maple Ave E Ste 113
Vienna, VA, 22180-4755

Diabetic & Medical Supply Specialist

Call: 877-833-0001

Fax: 703-356-5516

Basic Home Blood Glucose Monitor and Supplies Order

Patient information:
Last name: _____ First name: _____ MI: _____
DOB (MM/DD/YYYY): Gender: M F Other Medicare ID: _____

Provider (physician/allowed NPP) who performed the face-to-face examination:
Check here if same as ordering provider: ___
Last name: First name: MI: _____ Suffix: _____
NPI: Date of face-to-face encounter (DD/MM/YYYY): _____

Patient diagnosis: Diabetes Mellitus: Insulin treated Non-insulin treated
Other (describe) _____

Device order: *Description (or brand name and model number) of home blood glucose monitor:*

Patient or caregiver has, or will be provided, sufficient training to use the home blood glucose monitor ordered above: Yes No _____

Frequency of use for Diabetic Test Strips (DTS) and lancets:
Non-insulin treated: daily >1x daily: indication: _____
Insulin treated: up to 3x daily >3x daily: indication: _____
Time of testing: fasting, Q AM before a meal (AM, Noon, Eve) before bedtime, Q HS
Other: _____

Supply order: Diabetic Test Strips (DTS) / lancets:
Non-insulin treated: 30-day supply (30) 90-day supply (100) additional qty.: _____
Insulin treated: 30-day supply (100) 90-day supply (300) additional qty.: _____
Additional quantities in multiples of 30 or 100 must be justified above and supported by the medical record

Physician or allowed NPP signature, name, order date and NPI:
Signature: _____
Name (printed): _____
Date (MM/DD/YYYY): _____ NPI: _____