DELTADRUGS

Oral Diabetic Medication

437 Fernando Court • Glendale, CA 91204 • **MAIN:** 818.309.2884 • **FAX:** 818.309.1704 • www.deltadrugs.com

RESET FORM

PATIENT INFORMATION

Patient Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Secondary Phone #: _____

Patient SSN#: _____ Date of Birth: _____

Weight (lbs): _____ Height (in.): _____ Gender: ❑ Male ❑ Female

Allergies: _____

Primary Insurance: _____

ID#: _____ Phone #: _____

Secondary Insurance: _____

ID#: _____ Phone #: _____

FAX COPY OF INSURANCE CARD (FRONT & BACK)

PHYSICIAN INFORMATION

Physician Name: _____

Contact: _____

NPI #: _____

Address: _____

_____
City, State, Zip Code

_____

Phone #: _____

Alt Phone #: _____

Fax #: _____

Email: _____

Ship Rx to: ❑ Physician's Office ❑ Patient's home

CLINICAL INFORMATION

ICD-10 Diagnosis

❑ E10.0 Diabetes Mellitis Type I

❑ E11.0 Diabetes Mellitis Type II

Comorbidities:

_____

Medication Reconciliation:

_____

Prior Medication History

❑ Tresiba ❑ Novolog ❑ Insulin N ❑ R ❑ Invokana ❑ Onglyza ❑ Actos

❑ Glipizide ❑ Humalog ❑ Glucophage ❑ Jardiance ❑ Glyburide ❑ Amaryl

Failed due to:

❑ Failure to treat ❑ Failure to control A1C ❑ Failure to control BG ❑ Hypoglycemia

❑ Nausea ❑ Vomiting ❑ Metallic taste in the mouth

FAX COPY OF ALL RELATED CLINICAL/LAB INFO

MEDICATION	STRENGTH	DIRECTIONS	QTY	REFILLS
❑ FARXIGA® DAPAGLIFLOZIN	❑ 5 mg tablets	❑	❑	
❑ INVOKAMET® CANAGLIFLOZIN/METFORMIN HCI	❑ 50/500 mg tablets ❑ 50/1000 mg tablets ❑ 150/500 mg tablets ❑ 150/1000 mg tablets	❑	❑	
❑ INVOKANA® CANAGLIFLOZIN	❑ 100 mg tablets ❑ 300 mg tablets	❑	❑	
❑ JANUMET® SITAGLIPTIN/METFORMIN HCI	❑ 50/500 mg tablets ❑ 50/1000 mg tablets	❑	❑	
❑ JANUVIA® SITAGLIPTIN	❑ 25 mg tablets ❑ 50 mg tablets ❑ 100 mg tablets	❑	❑	
❑ JARDIANCE® EMPAGLIFLOZIN	❑ 10 mg tablets ❑ 25 mg tablets	❑	❑	
❑ KAZANO ALOGLIPTIN/METFORMIN HCI	❑ 12.5/500 mg tablets ❑ 12.5/1000 mg tablets	❑	❑	
❑ NESINA ALOGLIPTIN	❑ 25 mg tablets	❑	❑	
❑ ONGLYZA® SAXAGLIPTIN	❑ 5 mg tablets	❑	❑	
❑ OSENI ALOGLIPTIN/PIOGLITAZONE	❑ 25/15 mg tablets ❑ 25/30 mg tablets ❑ 25/45 mg tablets	❑	❑	
❑ TRADJENTA® LINAGLIPTIN	❑ 5 mg tablets	❑	❑	

Physician's Signature: _____ Date: _____ ❑ Dispense As Written

I AUTHORIZE DELTA DRUGS AND ITS REPRESENTATIVES TO ACT AS AN AGENT TO INITIATE AND EXECUTE THE INSURANCE PRIOR AUTHORIZATION PROCESS.