

Diabetic Supplies

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

PATIENT INFORMATION				
Patient Name: Patient SSN#:				
Address:				
			C0	ador: 🗆 Malo. 🗖 Fomalo
Phone #: Date of Birth: Gender: ☐ Male ☐ Female				
Weight (lbs): Height (in.): Allergies: Primary Insurance: Medicare ID #:				
•				
ID#: Phone #: Medi-Cal ID #: Medi-Cal ID #:				
TAX COT I OF INSURANCE CARS (FROM 8 BACK)				
CLINICAL INFORMATION				
ICD-10 Diagnosis □ E10.0 Diabetes Mellitus Type I □ E11.0 Diabetes Mellitus Type II □ O24 Diabetes Mellitus in pregnancy				
Some insurances require an explanation for frequent (more than 1xday) insulin and non-insulin testing. I confirm that this patient has been				
evaluated for their diabetes control within the last 6 months: Initials				
Reason for high testing frequency (Check all that apply): □ Fluctuating blood sugar □ Hypoglycemia □ Hyperglycemia □ Elevated HA1C levels				
FAX COPY OF ALL RELATED CLINICAL/LAB INFO				
ITEM	QTY	PER MONTH	DURATION	DIRECTIONS
	QIT	PER MONTH	DORATION	DIRECTIONS
TRUERESULT® GLUCOSE MONITOR				
	□ 50			QD QD
☐ TRUERESULT® GLUCOSE TEST STRIPS	1 00			□ BID
	2 00			□ TID
□ LANCETS	□ Box of 100		☐ 12 months	□ QID
				□ UD
☐ ALCOHOL PADS	■ Box of 100			
DLIVEICIAN INICORMATION				
PHYSICIAN INFORMATION				
Physician Name:	Contact: _		NPI#:	
Address:				
Phone #:			Email:	
By signing below, I confirm that the information contained on this Physician Order form accurately reflects the patient's diabetic condition and the treatment regimen that I have prescribed. The medical record for this patient substantiate the prescribed testing frequency. The patient/caregiver is able to follow instructions for controlling diabetes and is able to use the ordered items. This device is designed for home use. For Medicare insurance requirements, I will maintain a signed copy of this document in the patient's file for post-payment purposes.				
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.