

**INSTRUCTIONS:** PLEASE COMPLETE ALL SECTIONS INDICATED BY THE **FIVE** ARROWS  
**CORRECTIONS ON THIS FORM ARE NOT ACCEPTABLE, IF AN ERROR OCCURS; PLEASE CALL FOR A NEW FORM.**

Duration of Need is **LIFETIME** unless otherwise specified \_\_\_\_.

**PATIENT INFORMATION:**

**ORDER DATE:**

NAME:	DOB:	PHONE:
ADDRESS:		

**1 PATIENT'S DIAGNOSIS CODE SPECIFIC TO DIABETIC COMPLICATIONS?** ICD-10 (CHECK BOX BELOW)

E10.9    
  E10.65    
  E11.65    
  E11.9    
 OTHER DX \_\_\_\_\_

**2 PATIENT IS ON-INSULIN, IS THE PATIENT ON AN INSULIN PUMP?** (PROVIDE ANSWER BELOW)

**NO, PROVIDE # OF INSULIN INJECTIONS PER DAY HERE→:**

**YES, COMPLETE SECTION #3 TO PRESCRIBE INSULIN LISPRO ↙:**

### ITEMS TO BE DISPENSED

**FREESTYLE LIBRE 2 or LIBRE 14-DAY READER:**

Per Patient Preference  
 Use Per Manufacturer Instructions  
**Dispense: One Reader / 365 days**  
 1 refill per year

**FREESTYLE LIBRE 2 or LIBRE 14-DAY SENSORS:**

Per Patient Preference  
 Change sensor every **14 days**.  
**Dispense: Seven Sensors / 100 Days**  
 4 refills per year

**INSULIN VIALS 100 units/mL :** USE AS DIRECTED PER PRESCRIBER. **COVERED BY MEDICARE FOR PART B PUMP PTS ONLY.**

**3**  **INSULIN LISPRO** same insulin in HUMALOG or  **INSULIN ASPART** same insulin in NOVOLOG  
**DISPENSE:**  Nine 10mL vials or  Eighteen 10mL vials or **Alt:** \_\_\_\_ 10mL vials/**100 Days** 4 refills per year

**PEN NEEDLES and SYRINGES: Inject insulin \_\_\_\_\_ times per day.** (To Be Used In Case of Pump Failure Only.)  
**DISPENSE:** 100 Day Supply Based on Injection Frequency **4 refills per year**

This document serves as a Prescription and Statement of Medical Necessity for the above referenced patient. I confirm that I have seen this patient within the last six (6) months to evaluate their diabetes control and **I prescribe the following supplies in the following quantities based on frequencies written above:**

(Please check this box and line through any that do not apply)

INSULIN LISPRO – Insulin Vials for Insulin Pump - J1817, FREESTYLE LIBRE Continuous Glucose Monitoring System, to include a FREESTYLE LIBRE READER - A9278 or K0554 and FREESTYLE LIBRE SENSORS and SUPPLY ALLOWANCE (WHEN COVERED BY INSURANCE)– A9276 or K0553 for related supplies (glucometer, test strips, lancets, lancing device and control solution, when covered by insurance) and up to a **100 day supply, 4 Refills Per Year of:** Pen Needles, Syringes, Sterile Wipes based on injection frequency written above along with other associated diabetes supplies, to be provided by Advanced Diabetes Supply.

By my signature below, I confirm that all the information contained on this Physician Order form accurately reflects the patient's diabetic condition, and the treatment regimen which I am prescribing. This patient's medical records substantiate the items prescribed. I will maintain this signed original document in the patient's medical record for post-payment purposes. I agree to follow up on the patient every six (6) months while under my care for control of diabetes. This Physician Order is being sent to Advanced Diabetes Supply per the patient's choice. I communicated to the patient/caregiver the recommended treatment plan, including potential risks, benefits, precautions and limitations of the products, including off-label usage, which I authorize. The patient/caregiver is physically and intellectually able to follow instructions for controlling diabetes and to operate the items prescribed, and has been or is being trained in their use. For South Carolina patients DAW: Not Applicable. For Virginia patients, RPH is authorized to make copies of this order to circle one prescribed item per copy to meet the pharmacy law requirement of single item prescription. Nothing will be changed from this original order.

**4 SIGNATURE:** \_\_\_\_\_ **5 DATE:** \_\_\_\_\_

**PRESCRIBING PROVIDER—**

NAME:	PHONE#:
NPI #:	FAX#:
DEA#:	EMAIL ADDRESS:
OFFICE STREET ADDRESS:	
PRACTICE NAME AND/OR NOTES:	

**YOU MAY ELECTRONICALLY PRESCRIBE THE ABOVE ITEMS VIA PARACHUTE TO: "ADVANCED DIABETES SUPPLY"  
 OR FAX DOCUMENTS BACK TO 760-496-0234  
 QUESTIONS eMAIL**