



Standard Written Order for Continuous Glucose Monitoring

Patient Name	
Patient Date of Birth	
Patient Phone Number	

Send patient demographic sheet or complete the following

Primary Insurance	<i>TRADITIONAL MEDICARE (RED, WHITE & BLUE CARD) / Aetna PPO / CO Medicaid</i>
Insurance ID Number	
Secondary Insurance	
Insurance ID Number	

Physician's Name	
NPI	
Address, City, State, ZIP	
Phone	
Fax	
Office Contact	

Choose System	Quantity	Directions for use	HCPCS
Freestyle Libre 3 System (May Substitute Libre 2)	1 Reader/Monitor 1 Unit/30 Days - Sensor(1 unit=1 mo sensors)	Use to scan Libre 3 Sensors Change Every 14 days	E2103 & A4239
Freestyle Libre 2 System (May substitute Libre 3)	1 Reader/Monitor 1 Unit/30 Days - Sensor(1 unit=1 mo sensors)	Use to scan Libre 2 Sensors Change Every 14 days	E2103 & A4239
Dexcom G7 System	1 Reader/Monitor 1 Unit/30 Days - Sensor(1 unit=1 mo sensors)	Use to view automatic sensor readings Change every 10 days	E2103 & A4239
Length of need – 99 (Lifetime) unless otherwise noted			

Physician's Signature	Signature/Order Date
<i>Signature stamps are not acceptable</i>	<i>Date Stamps are not acceptable</i>

I certify that I am the physician identified on this form. I have reviewed the Standard Written Order. I certify medical necessity information is true, accurate and complete to the best of my knowledge. I certify that the patient / caregiver is capable and has successfully completed training or will be trained on the proper use of the products prescribed on this order. The patient's medical record contains supporting documentation that substantiates the utilization and medical necessity of the items listed and supporting documentation will be provided to Acentus upon request.

Fax to: 866-695-2183

IMPORTANT!! Referral MUST include demographics & most recent chart notes

For questions, please contact us at **866-684-2507**. You can also email us at **Service@Acentus365.com**

Rep:	
Cell:	