



COACH'S PHARMACY

100 N TEXAS AVENUE, SUITE A
(956) 514-2420

MERCEDES, TX 78570
(956) 514-2530 FAX

PHYSICIAN'S ORDER FOR DIABETIC SUPPLIES AND EQUIPMENT

PLEASE COMPLETE THE FOLLOWING INFORMATION LEGIBLY:

EFFECTIVE DATE: _____

PATIENT NAME _____ DATE OF BIRTH: _____

ADDRESS: _____

PATIENT ID NUMBER (PRIMARY): _____

PATIENT ID NUMBER (SECONDARY): _____

ASSIGNED

NON ASSIGNED

PROGNOSIS

POOR

FAIR

GOOD

DIAGNOSIS: _____

THIS SECTION MUST BE COMPLETED BY THE PHYSICIAN OR ATTACH THE RX

(PLEASE CIRCLE)

INSULIN DEPENDANT INJECTION

NON INSULIN DEPENDANT

INSULIN BY

CONTROLLED

UNCONTROLLED

THE PATIENT NEEDS THE FOLLOWING

CODES	DIABETIC EQUIPMENT	FREQUENCY OF TESTING PER DAY	QUANTITY
A4253	TEST STRIPS		
A4259	LANCETS		
A4258	LANCING DEVICE		
A4256	CONTROL SOLUTION		
E0607	GLUCOMETER		
A4235	BATTERIES (REPLACEMENT ONLY)		

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE PRESCRIBED DURABLE MEDICAL EQUIPMENT IS MEDICALLY NECESSARY AS PART OF MY TREATMENT FOR ACCEPTED STANDARDS OF MEDICAL PRACTICE AND TREATMENT OF THIS PATIENT'S CONDITION AND HAS NOT BEEN PRESCRIBED AS "CONVENIENCE EQUIPMENT." IN MY OPINION, THE EQUIPMENT IS BOTH REASONABLE AND MEDICALLY NECESSARY FOR THIS PATIENT'S WELL BEING. (This order will be good for 12 months after signing)

PHYSICIAN NAME: _____ PHONE NUMBER _____

ADDRESS:

----- **NPI**
NUMBER _____

PHYSICIAN SIGNATURE _____ **DATE**

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