

PRESCRIPTION

January 14, 2008

Re: _____

DOB: _____

Address: _____

The above named patient is currently under my care for management of diabetes mellitus (diagnosis code marked below). In order to continue with this treatment, I am prescribing the supplies **checked below**. This prescription may be refilled as necessary for one year.

Diabetes Diagnosis Code (ICD-9): 250.00 250.01 250.02 250.03

Other: _____

Pump Supplies:

- Infusion Sets
- Pump reservoir syringes/cartridges
- Related supplies (IV Preps & adhesives, tape, pump batteries)

*** Patient ordered to change infusion sets every _____ days.**

Diabetic Supplies:

- Test Strips (*LifeScan* brand strips, or other brand to match meter)
- Lancets
- Blood Glucose Meter
- Related supplies (control solution, alcohol swabs, insulin syringes, glucose tabs)

*** Patient ordered to test blood glucose at least _____ times per day.**

Continuous Glucose Monitoring:

- CGM Starter Kit
- Sensors
- Transmitters
- Related supplies (tape, batteries, IV Prep)

Thank you for your time and consideration of this matter. Sincerely,

X _____ Date: _____

Physician Name _____

Medical License # _____

NPI #: _____

Please fax to Medtronic Diabetes at your earliest convenience: Fax # 866-874-3150