



Diabetic Supplies Request Form

Chronic Disease Management

Ver. 7.4

Phone: 844-464-6554

Fax: 909-494-5582

PATIENT INFORMATION	PATIENT'S MOST RECENT
Name: _____	A1C: _____% Date: _____
DOB: _____ Phone: _____	LDL: _____mg/dL Date: _____
Address: _____	BP: _____/_____ Date: _____
Insurance Name: _____ ID: _____	Date of Last Eye Exam: _____

Patient's Diabetes Type (Select One): Type 1 (E10.9) Type 2 (E11.9) LADA (E13.9) MODY (E13.9)
 Gestational Diabetes (GDM) (O24.419) - Estimated Due Date: _____

PRESCRIBED ORDER INFORMATION

- Blood Glucose Testing Schedule** (based on Medi-Cal formulary restrictions; Medi-Cal does NOT cover 2x daily for non-insulin dependent patients)
 - Non-Insulin Dependent (on oral medications) (Qty 100):** 1x daily
 - Insulin Dependent (Qty 150):** 3x daily 4x daily 5x daily
 - Other (if testing more than five times daily): _____
 Medical Reason (for PA submission): _____
- Multi-functional Monitoring System and Supplies (for Blood Glucose)**
 - Glucometer Lancing Device BG Test Strips Lancets
 - Ketone Strips (#10)* (sig: Check every 4-6 hours when needed (refer to Gojji Ketone handout)) Ketone Control Solution*
 - BG Control Solution* Glucagon Inj* Alcohol Pads* Sharps Container*

*Dispensed upon request or per collaborative practice agreement with provider
**All systems and supplies dispensed based on insurance coverage; ketone strips are no more than three (3) refills in a 90-day period.
- Refills will be automatically set for 1 year unless otherwise specified**
 Other: _____

Note: To avoid wastage, Gojji® Disease Management Program ensures appropriate use of testing supplies by providing individualized testing reminders based on patients' conditions. Gojji® never sends any supplies automatically and sends adequate supplies based on patients' real-time utilization and conditions only.

PRESCRIBER INFORMATION

Name: _____

NPI: _____

Phone: _____

Fax: _____

Clinic Address: _____

Prescriber Signature: _____

Today's Date: _____

*Form not valid for use by providers prescribing in the state of Arizona to comply with state regulations. Please contact us for more information.

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