



Blood Pressure Monitor Request Form

Chronic Disease Management

Ver. 1.2

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 Diagnosis Type:

- Essential Hypertension End Stage Renal Disease Cardiovascular Disease
 Other: _____

PRESCRIBED ORDER INFORMATION

- FORA Blood Pressure Monitor (for Small to Large Adult Cuff Size Range 9.4"-16.9"/24~43cm)
- Test blood pressure every morning upon waking and every evening
- Quantity: #1*
- Refills for either monitoring system will be automatically set for 1 year unless otherwise specified

Other: _____

**Based on Medi-Cal formulary restrictions*

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: _____	Prescriber Signature: _____
NPI: _____	Today's Date: _____
Phone: _____	
Fax: _____	
Clinic Address: _____	

*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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