

## **Diabetic Supplies Request Form**

**Chronic Disease Management** 

Ver. 7.5 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		
NON-INSULIN Dependent (Qty 100):  1x daily OTHER*: INSULIN Dependent (up to Qty 200):  3x daily 4x daily *Medical Reason for OTHER (for PA submission):	5x daily $\Box$ 6x daily $\Box$ OTHER*:	
<ul> <li>Multi-functional Monitoring System and Supplies (for Blood Glucose)</li> <li>✓ Glucometer ✓ Lancing Device ✓ BG Test Strips ✓ Lancets</li> <li>✓ Ketone Strips (#10)* (sig: Check every 4-6 hours when needed (refer to Gojji Ketone handout)) ✓ Ketone Control Solution*</li> <li>✓ BG Control Solution* ✓ Glucagon Inj* ✓ Alcohol Pads* ✓ Sharps Container*</li> <li>* Dispensed upon request or per collaborative practice agreement with provider</li> <li>**All systems and supplies dispensed based on insurance coverage; ketone strips are no more than three (3) refills in a 90-day period.</li> </ul>		
Refills will be automatically set for 1 year unless otherwise     Other:	•	
Note: To avoid wastage, Gojji® Disease Management Program ensures appropriate use of testi patients' conditions. Gojji® never sends any supplies automatically and sends adequate supplies b		
Prescriber Information		

Name:		
NPI:		
Phone:	Prescriber Signature:	
Fax:	Taday'a Datay	
Clinic Address:		

<sup>†</sup>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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