



ONE SOURCE MEDICAL SOLUTIONS, INC.

ONE COMPANY. MULTIPLE SOLUTIONS.™

NPI No. 1144311531 NSC No. 5176760001

DURABLE MEDICAL EQUIPMENT PRESCRIPTION/ORDER

Home Blood Glucose Monitor and Supplies

Patient Name: _____ Date: _____

Address: _____

HICN: _____ DOB: _____ Height: _____ Weight: _____

Is the patient insulin dependent: _____ Yes _____ No

Is this patient being treated with Insulin injections? _____ Yes _____ No

Distributing Blood Glucose Home Monitoring Supplies and Equipment every 90 days including:

_____ Home Blood Glucose Monitor (E0607)

_____ Test Strips (A4253 per 50)

_____ Lancets (A4259 per 100)

_____ Calibration Solution (A4256)

_____ Spring Powered device for Lancets (A4258)

_____ Alcohol Prep Pads (4245)

Frequency of Testing _____ 1x Day _____ 2x Day _____ 3x Day _____ 4+ x Day

(Additional documentation requirements apply to: (1) A diabetic patient who is not insulin treated and whose prescribed frequency of testing is more often than once per day, or (2) A diabetic patient who is insulin treated and whose prescribed frequency of testing is more than three times per day.)

Duration of need for supplies: _____ Duration of need for equipment: _____

Diagnosis: _____

ICD-10 Codes: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Typed or printed name of prescribing physician: _____

Address: _____

NPI: _____ UPIN: _____ Phone: (____) _____ - _____ Fax: (____) _____ - _____

Signature of prescribing physician: _____ Date: _____

(Physician signature stamps and date stamps are not acceptable)

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WWW.ONESOURCEMEDICAL.COM

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