

Allstar Medical Supply Corporation

Basic Home Blood Glucose Monitor and Supplies Order

Patient information:

Last name: _____ First name: _____ MI: _____

DOB (MM/DD/YYYY): _____ Gender: M F Other Medicare ID: _____

Provider (physician/allowed NPP) who performed the face-to-face examination:

Check here if same as ordering provider:

Last name: _____ First name: _____ MI: _____ Suffix: _____

NPI: _____ Date of face-to-face encounter (DD/MM/YYYY): _____

Patient diagnosis: Diabetes Mellitus: Insulin treated Non-insulin treated

Other (describe) _____

Device order: *Description (or brand name and model number) of home blood glucose monitor:*

Patient or caregiver has, or will be provided, sufficient training to use the home blood glucose monitor ordered above: Yes No

Frequency of use for Diabetic Test Strips (DTS) and lancets:

Non-insulin treated: daily >1x daily: indication: _____

Insulin treated: up to 3x daily >3x daily: indication: _____

Time of testing: fasting, Q AM before a meal (AM, Noon, Eve) before bedtime, Q HS

Other: _____

Supply order: Diabetic Test Strips (DTS) / lancets:

Non-insulin treated: 30-day supply (30) 90-day supply (100) additional qty.: _____

Insulin treated: 30-day supply (100) 90-day supply (300) additional qty.: _____

Additional quantities in multiples of 30 or 100 must be justified above and supported by the medical record

Physician or allowed NPP signature, name, order date and NPI:

Signature: _____

Name (printed): _____

Date (MM/DD/YYYY): _____ NPI: _____

Fax:603-273-0160
Office:603-677-1353

Website:allstarmedicalnh.com

15 Glidden Rd, Suite 1-2, Moultonborough, NH, 03254



ALL STAR
MEDICAL