MEDICARE MEDTRONIC EIS PUMP SUPPLY AND INSULIN

PHYSICIAN ORDER / PRESCRIPTION

INSTRUCTIONS: PLEASE COMPLETE ALL SECTIONS INDICATED BY THE SIX NUMBERED CIRCLES CORRECTIONS ON THIS FORM ARE NOT ACCEPTABLE, IF AN ERROR OCCURS; PLEASE CALL FOR A NEW FORM.				
	IFETIME (i.e. 99 months) / Pharr			
PATIENT INFORMATION:			ORDER DATE:	
NAME:		DOB:	PHONE:	
ADDRESS:				
1 PATIENT'S DIAGNOSIS	S CODE SPECIFIC TO DIABI	ETIC COMPLICA	TIONS? ICD-10 (C	HECK BOX BELOW)
~	E10.65 🗆 E11.65	□ E11.9	OTHER DX	
2 ITEMS TO BE DISPENSED	- USE PER MANUFACTURER F	RECOMMENDATIO	ON	
☐ MEDTRONIC INSULIN	PUMP 780G every 5 years.			
PUMP SUPPLIES:				
	on set: Sizing per patient pre			
	□ Every 7 days (Qty 13) or □ Ev		=	4 refills per year
	SED ON TOTAL DAILY DOSE (TDD))units		
Quantity to be calculate	a by pharmacist:			
A				
	T PREFERENCE AND INSURANC		INIV O TO A NICAMITTE	A II
	830G pump) CHANGE EVERY 7 770G & 780G pumps) CHANGE			
	780G pump) CHANGE EVERY 7			
	out pomp, on a received to	B/ (10 (Q1) 10) Q =		raniodily
INSULIN VIALS 100 units/n	nl: USE AS DIRECTED PER PRESC	CRIBER IN INSULIN F	PUMP (for Medicare	Part B pumps)
	n l: USE AS DIRECTED PER PRESC LOG) DISPENSE: Twelve 10mL v			Part B pumps) 4 refills per year
☐ INSULIN LISPRO (HUMAI PEN NEEDLES and SYRING	LOG) DISPENSE: Twelve 10mL v ES: Inject insulintimes	rials or Alt: 10n per day.		
☐ INSULIN LISPRO (HUMAI PEN NEEDLES and SYRING DISPENSE: 100 Day Supply	LOG) DISPENSE: Twelve 10mL v ES: Inject insulintimes v Based on Injection Frequency	rials or Alt: 10n per day. y	nL vials /90 Days	4 refills per year 4 refills per year
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THE ABOVE ITEMS MAY BE ELECTRONICALLY PRESCRIBED VIA PARACHUTE