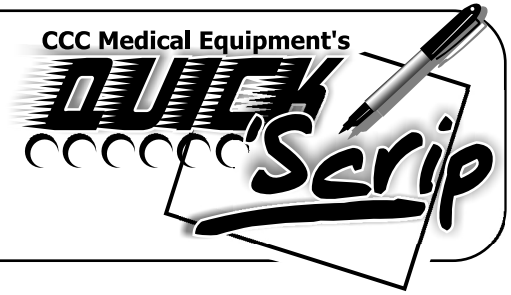


# FAX

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Fax: 731-847-6269

**TOLL FREE:**  
**877-584-7919**

#### **Agency Information**

Agency Name: \_\_\_\_\_

Diagnosing Physician's Name: \_\_\_\_\_

#### **Patient Information**

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Cellular: (\_\_\_\_) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Patient SSN # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

#### **DX**

Patient is:     Insulin                       Non-Insulin

Diabetic Shoes

Test Strips

Inserts

Lancets

Gauntlets

Meter

Other \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date of Order: \_\_\_\_\_