



**EQUIPMENT TO PRESCRIBE** (please complete all fields below)

<input type="checkbox"/> <b>FreeStyle Libre reader &amp; sensors</b>	<input type="checkbox"/> <b>Dexcom reader &amp; sensors</b>
<b>Dispense: FREESTYLE LIBRE</b> <ul style="list-style-type: none"> <li>E2103 – receiver (monitor), dedicated, for use with therapeutic CGM system</li> <li>A4239 – monthly supply allowance for therapeutic CGM (includes up to 3 units supply per 90 days)</li> </ul>	<b>Dispense: DEXCOM</b> <ul style="list-style-type: none"> <li>E2103 – receiver (monitor), dedicated, for use with therapeutic CGM system</li> <li>A4239 – monthly supply allowance for therapeutic CGM (includes up to 3 units supply per 90 days)</li> </ul>
<b>Does the patient currently use a CGM reader?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, <b>Circle</b> appropriate product from list below: FreeStyle Libre 14day   FreeStyle Libre 2   FreeStyle Libre 3   Dexcom G6   Dexcom G7	

**STANDARD WRITTEN ORDER (SWO)** (please complete all fields below)

Patient Name: Steve Tester	Patient Address:	Patient DOB: 1/1/1980
Patient Phone:	Primary Insurance Company:	Member ID:
Length of need: <b>LIFETIME</b>	Secondary Insurance Company	Member ID:

**4 Easy Steps for Prescribing a Continuous Glucose Monitor (CGM)**

By following these steps, you can ensure a smooth process for prescribing a CGM for your patients.

- Beneficiary is insulin using with diabete Mellitus**
- Submit supporting medical records – signed and dated:
  - Include a diabetic office visit note from within the last 6 months of this Rx.
- Ensure clarity : Handwritten items must be legible (name, date, signature, etc.)
- Correct carefully : Initial and date any corrections made on the form.

**Where to send the  
RX and Documents**

**855-271-1261**

**866-422-5283**

**PROVIDER INFORMATION** (please complete all fields below)

Provider Name: Steve Faxtest	Fax:
NPI:	Phone:
Provider Email:	

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I HAVE REVIEWED THE PRESCRIPTION ABOVE AND FOUND THE INFORMATION TO BE ACCURATE.  
 I CERTIFY THE MEDICAL NECESSITY TO FACILITAT MANAGEMENT OF THIS PATIENT'S DIAGNOSIS.  
 THIS PRESCRIPTION ACCURATELY REFLECTS THE PATIENT'S CONDITION, & IS SUBSTANTIATED BY MEDICAL RECORDS.

Account Executive

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