


EQUIPMENT TO PRESCRIBE (please complete all fields below)

☐ FreeStyle Libre reader & sensors	☐ Dexcom reader & sensors
Dispense: FREESTYLE LIBRE - E2103 – receiver (monitor), dedicated, for use with therapeutic CGM system - A4239 – monthly supply allowance for therapeutic CGM (includes up to 3 units supply per 90 days)	Dispense: DEXCOM - E2103 – receiver (monitor), dedicated, for use with therapeutic CGM system - A4239 – monthly supply allowance for therapeutic CGM (includes up to 3 units supply per 90 days)
Does the patient currently use a CGM reader? ☐ YES ☐ NO If yes, Circle 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: LIFETIME	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 diabetes 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 REFELECTS THE PATIENT'S CONDITION, & IS SUBSTANTIATED BY MEDICAL RECORDS.

Account Executive

