

Date: \_\_\_\_\_

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

**PROVIDER'S ORDERS & ICD-DIAGNOSIS****ICD-10 Code:**

- E10.9 Type 1 Diabetes Mellitus Without Complications
- E10.65 Type 1 Diabetes Mellitus with Hyperglycemia
- E11.9 Type 2 Diabetes Mellitus without Complications
- E11.65 Type 2 Diabetes Mellitus with Hyperglycemia
- O99.810 Abnormal Glucose Complicating Pregnancy
- H54.0 Blindness, Both Eyes
- O24.419 Gestational Diabetes Mellitus in Pregnancy, Unspecified Control
- Other: \_\_\_\_\_

**CGM Supplies**

- Brand of current CGM: \_\_\_\_\_
- All necessary CGM supplies (sensors, skin prep supplies) for 90 days and refills for one year
- Frequency of sensor changes per manufacturer guidelines unless otherwise noted: \_\_\_\_\_

**Pump Supplies**

- Brand of current PUMP: \_\_\_\_\_
- All necessary pump supplies (reservoirs, infusion sets, batteries, and skin prep pads) for 90 days and refills for 1 year
- Frequency of infusion sets/reservoirs changes per manufacturer guidelines unless otherwise noted: \_\_\_\_\_

**Testing Supplies**

- Glucose tests per day: \_\_\_\_\_ Brand of glucose meter: \_\_\_\_\_
- Send meter & lancing device
- All necessary testing supplies (test strips, lancets, control solution, batteries) for a 90-day supply and refills for 1 year
- Request a replacement meter kit (ECK)
- Request a replacement gestational diabetes meter kit (GCK)

**PHYSICIAN INFORMATION**

Ordering MD (printed): \_\_\_\_\_ NPI: \_\_\_\_\_

**ORDERING PHYSICIAN'S SIGNATURE** \_\_\_\_\_ Date: \_\_\_\_\_

- Please sign** and send completed form, demographics sheet, plus copy of front and back of insurance card(s) to: **Fax: 781-987-8206**
- [Orders@reliablerespiratory.com](mailto:Orders@reliablerespiratory.com)