CHC
SOLUTIONS, INC.

FAX: 1.877.299.7229
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DIABETIC ORDER FORM

Please attach face sheet w/ patient demographics & insurance info as well as chart notes for visit(s) within the past six months

PATIENT INFORMATION

Patient Name: ______________________ DOB: ______/______/_________ Gender: ☐ Male ☐ Female

Language Pref.: ☐ English ☐ Spanish ☐ Other: ________________

Is the patient currently using insulin?: ☐ Yes ☐ No

Emergency Contact Name/Phone Number: ______________________________

DIAGNOSIS

Primary Diagnosis	**Secondary Diagnosis**
ICD-10 Code: ______________________ *Non-Specified Codes will not qualify for Primary Diagnosis	**ICD-10 Code:** ______________________

PRODUCTS

Products	Testing Frequency	Total Quantity Dispensed (per 30 days)
☐ Prodigy Auto Code Glucometer	N/A	
☐ Prodigy Auto Code Testing Strips	____________x per day	
☐ Lancets (30g)	____________x per day	
☐ Lancet Device	____________x per day	
☐ Other	____________x per day	

Length of need 12 months unless otherwise specified: Other:________________

REFERRAL INFORMATION

Practice Name: ______________________ Fax: ______________________

Office Address: ______________________ Email: ______________________

Phone: ______________________ Preferred Method of Contact? ☐ Phone ☐ Fax ☐ Email

Contact Person: ______________________

Physician Name: ______________________ NPI#: ______________ Phone: (_______)_______-__________ Ext. _______

Physician Signature: ______________________ Date: ______/______/_________

I certify that the above products are medically necessary and that the information provided is accurate to the best of my knowledge. By signing, I acknowledge that I have obtained the patient's authorization to release the above information and other medical information that may be disclosed. I certify that my decision to prescribe this recommended product was solely based on my determination of medical necessity set forth herein. This document may serve as a confirmation of a verbal order and is also recorded in the patient's record.

Call 1.855.768.3680 or visit www.chcsolutions.com for additional information.

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