



**Basic Home Blood Glucose Monitor and Supplies  
Order**

Patient information:

Lastname: \_\_\_\_\_ Firstname: \_\_\_\_\_ MI: \_\_\_\_\_

DOB (MM/DD/YYYY): \_\_\_\_\_ Gender:  M  F  Other Medicare ID: \_\_\_\_\_

Provider (physician/allowed NPP) who performed the face-to-face

examination: Check here if same as ordering provider:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_ Suffix: \_\_\_\_\_

NPI: \_\_\_\_\_ Date of face-to-face encounter (DD/MM/YYYY): \_\_\_\_\_

Patient diagnosis:  Diabetes Mellitus:  Insulin treated  Non-insulin treated

Other (describe) \_\_\_\_\_

Device order: *Description (or brand name and model number) of home blood glucose monitor:*

Patient or caregiver has, or will be provided, sufficient training to use the home blood glucose monitor ordered above:  Yes  No

Frequency of use for Diabetic Test Strips (DTS) and lancets:

Non-insulin treated:  daily  >1x daily: indication: \_\_\_\_\_

Insulin treated:  up to 3x daily  >3x daily: indication: \_\_\_\_\_

Time of testing: fasting, Q AM before a meal (AM, Noon, Eve) before bedtime, Q HS

Other: \_\_\_\_\_

Supply order: Diabetic Test Strips (DTS) / lancets:

Non-insulin treated:  30-day supply (30)  90-day supply (100) additional qty.: \_\_\_\_\_

Insulin treated:  30-day supply (100)  90-day supply (300) additional qty.: \_\_\_\_\_

Additional quantities in multiples of 30 or 100 must be justified above and supported by the medical record

Physician or allowed NPP signature, name, order date and NPI:

Signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_ NPI: \_\_\_\_\_

Basic Home Blood Glucose Monitor and Supplies Order Form

Please email this form to [orders@figg.health](mailto:orders@figg.health) or Fax this form to **1-800-281-3149**  
for the web version of this form please visit

[figg.health/providerrefill](http://figg.health/providerrefill)