

healthy living diabetic

Toll Free 866 779 8512
Fax Free 866 779 8511

Diabetes Prescription

Date: ___/___/___ Referred by: _____

Patient Name: _____ Male: Female

Address: _____

City: _____ State: _____ Zip: _____ Birth date: ___/___/___

Day phone: _____ Home Phone: _____ SS #: _____ - _____ - _____

Initial Date of Service: ___/___/___

Insurance

Health Plan of Michigan Member ID: _____

Other: _____ Contract/Policy#: _____

Group#: _____ Subscriber: _____

Is patient treated with insulin? Yes No (please check one)

DURATION of need:

Duration of need: Lifetime Other: _____

(The maximum allowed duration is 3 months. The duration will default to 3 months unless specified otherwise.)

Diagnosis Code: Pre Existing New (please check one)

250.00 250.01 250.02 250.03 Other: _____

I have seen this patient within the last six (6) months to evaluate their diabetes control and have noted above the reason(s) for a higher daily testing frequency.

Recommended Testing

prescribed for this patient:

- 1 time a day
- 2 times a day
- 3 times a day
- Other: _____ times a day
- 4 times a day
- 5 times a day
- 6 times a day

Diabetes Testing Supplies: Please indicate

additional items prescribed for this patient.

- Glucose Monitor
- Battery
- Control Solution
- Alcohol Wipes
- Lancing Device
- Other: _____

HEDIS Data: Please fill in the date of most recent test and the result for the following tests:

| Test (most recent) | Date of Test | Score/Result | Test (most recent) | Date of Test | Score/Result |
|--------------------|--------------|--------------|--------------------|--------------|--------------|
| LDL | _____ | _____ | Dilated Eye Exam | _____ | _____ |
| HbA1c | _____ | _____ | Microalbumin | _____ | _____ |
| Blood Pressure | _____ | _____ | BMI | _____ | _____ |

Insulin Pump and Supplies Needed:

Insulin Pump Required: Yes or No Additional Supplies Needed: _____

Ordering Physician Name: _____ Date: _____

Physician Signature: _____ UPIN #: _____

Address: _____

License #: _____ Phone #: _____ Fax #: _____

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Please send all faxes to: 866.779.8511