Physician's Order
Diabetic Supply Referral

AIM PLUS MEDICAL SUPPLIES

Please fax form with physician's signature to: 1-866-496-7054

PATIENT INFORMATION

Name: _____ **Date of Birth:** _____
Primary Phone _____ **Alternate Phone**_____
Address_____ **City/State/Zip**_____
Primary Insurance_____ **ID#**_____
Secondary Insurance_____ **ID#**_____
Contact person if other than patient:_____

REQUIRED INFORMATION FOR ALL PATIENTS

PLEASE COMPLETE THIS SECTION IN FULL

◄► **Date of last office visit**_____

◄► **Type 1— IDDM Insulin Dependent**
☐ E10.9 (250.01)
☐ E10.65 (250.03)
☐ Other_____ (specific)

◄► **Type 2—Check One Pills, Diet, and/or Insulin Treated**
☐ E11.9 (250.00)
☐ E11.65 (250.02)
☐ Other_____ (specific)

◄► **Duration of need: 12 months unless otherwise noted** _____

A1C if on pump: _____

◄► **Testing frequency:** _____

◄► **Using insulin to control?** ___ Yes ___ No

◄► **Number of injections a day?** _____

Glucose Test Strips__X_____
(Product Name)_____
Lancets____X_____
(Product Name)_____
Lancing Device___PRN_____
Ketostix_____X_____
Alcohol Swabs_____X_____
Other:_____

Meter Battery_____PRN___
Control Solution___PRN____
Meter___PRN_____
Other:_____
_____

Infusion sets_____
Reservoirs_____
Omnipods _____
Transparent Tape_____
Prep Wipes_____
Adh. Remover_____

My signature below denotes to the best of my knowledge the patient/caregiver is able to follow instructions for controlling diabetes and is able to use the ordered items which are designed for home use. The patient/caregiver has successfully completed training or is scheduled to begin training in the use of supplies or equipment ordered. I am a physician who manages patients with diabetes and/or insulin pump therapy and who works closely with a team including nurses, diabetes instructors and dieticians who are knowledgeable in the use of subcutaneous insulin infusion therapy. **Physician Staff Contact**_____

►**Physician Name (print)** _____**NPI**_____

►**Physician Signature**_____►**Date**_____

►**Physician Phone #**_____ **Fax #**_____

6521 AL Highway 69 S, Suite N, Tuscaloosa, AL 35405 •• 1-866-919-1246 (Toll-free phone) •• 1-866-496-7054 (Toll-free fax)