



Hill's Drug Store, Inc.

705 W. Kirk Pl. San Antonio, Texas 78226

Pharmacy - Ph: (210) 225.7283 Fax: (210) 226.2637

DME - Ph: (210) 226.4300 Fax: (210) 226.4334

Physician's Order Form

Date: _____ DOB: _____

Name: _____ Sex: Male Female

Address: _____ Phone: _____

CITY: _____ State: _____ Zip: _____

Height: _____ Weight: _____ Social Security: _____

Primary Ins: _____ Policy #: _____ Group #: _____

Secondary Ins: _____ Policy #: _____ Group #: _____

Diagnosis: _____

Length of Need: _____ months (99 = lifetime) Prognosis: Poor Fair Good

Physician: _____ Lic #: _____ NPI #: _____

Address: _____ Phone: _____

CITY: _____ State: _____ Zip: _____

Diabetic Supplies and Compression Stockings

- Diabetic Glucose Monitor
- Times Testing per Day* _____
- Diabetic Testing Strips
- Diabetic Lancets
- Lancing Device
- Batteries (Glucose Monitor)
- Patient Owned Glucometer
- Insulin Dependent Yes No
- Diabetes Controlled Yes No

- Diabetic Socks - Not Covered
- Compression Stockings**
- Non-Custom Compression Stockings
- Custom Compression Stockings
- Knee High
- Thigh High
- Waist Style
- Color _____
- mm/HG: _____

I hereby give my consent to [Hill's Drug Store, Inc.](#) Who shall act as my legal representative/agent in communicating this written prescription, either by fax or personally presented by this patient to the provider of their choice.

Physician's Signature

Date