

Hill's Drug Store
705 W. Kirk Place
San Antonio, TX 78226
Phone - 210.225.7283 Fax - 210.226.2637

Physician's Orders

Please Complete the Following Information Legibly: Date: _____

Patient Name: _____
First Middle Initial Last

Street Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Patient ID Number (Medicare Number) _____

Patient Secondary Insurance ID Number
(Medicare or Medicaid Supplement) _____

This Claim is Assigned Not Assigned

THIS SECTION MUST BE COMPLETED BY THE PHYSICIAN OR ATTACH AN RX

Insulin Dependent Non Insulin Dependent (Please Check One)

Controlled Uncontrolled (Please Check One)

Diagnosis (ICD-9): _____

Patient's Date of Birth: _____ Sex: Male Female

Prognosis : Poor Good Fair Patient Height _____ Weight _____

Patient / Caregiver is capable of learning proper operation of the device: _____

CODE	DME Supplies Required (Please check)	X	Frequency of Test per Day	Quantity
E0607	Diabetic Glucose Monitor	X		1
A4253	Diabetic Testing Strips	X		50
A4259	Lancets	X		100
A4258	Lancet Device	X		1
A4235	Batteries (For Glucose Monitor)	X		2
	Owned By Patient			

Prescribing Physicain (Print Physician's Name): _____

Physician UPIN: _____ Date: _____

Address: _____

City, State, Zip _____

Physician's Phone Number: _____ NPI: _____

Physician's Signature: _____