

PATIENT ORDER INFORMATION

NAME:		DATE	
ADDRESS	CITY:	State: P.R.	Zip Code:
Diagnosis Code/ICD-10 Code <input type="checkbox"/> E10.65 <input type="checkbox"/> E10.9 <input type="checkbox"/> E11.9 <input type="checkbox"/> E11.65 Other:			

TANDEM T: SLIM X2 INSULIN PUMP SUPPLIES

(A) Infusion Set model:

AUTOSOFT 30 TRUSTEEL™ AUTOSOFT 90 AUTOSOFT™ XC
 30-degree Flexible cannula 90-degree steel needle 90-degree Flexible cannula 90-degree Flexible cannula

(B) Infusion set change frequency: Every 3 day (Qty.30) Every 2 day (Qty.50)

(C) 300ml Cartridge change frequency: Every 3 day (Qty.30) Every 2 day (Qty.50)

(D) Refill times _____

DEXCOM G6 / G7 CGM SUPPLIES

G6 Sensors: Quantity 3 boxes Transmitter– (3-month use) Sig: Dispense 2 / 1 Refill Directions for use: Site change per manufacturer recommendations, up to 90-day supply unless otherwise noted;

G7 Sensors-Transmitter: Quantity 3 fill / 3 refill. Use as directed, apply 1 sensor every 10 days

MEDICARE
(For all Advantage Health Plans)

A4239 Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories. 1-month supply = 1 unit of service

PHYSICIAN INFORMATION

Physician Name:	Phone #:
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I certify that I am the prescribing provider identified above and have reviewed all of the order information above. Any statement on my letterhead attached here to, has been reviewed and signed by me. I certify all the medical necessity information is true, accurate and complete, to the best of my knowledge. The patient's record contains supporting documentation, which substantiates the utilization and medical necessity of the products marked above. I understand the indications for use and associated warnings and precautions of the products I have prescribed here in. I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Physician Signature X	PR Lic #	NPI #
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VITAL PCP Signature (if apply) X	PR Lic #	NPI #
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Please send completed to: suplidos@nazarenollc.com or fax to (787) 288-0704