

# DIABETIC SUPPLY FORM



**How to complete form:** Fill out form and fax back to Curative Pharmacy (877) 453-5797.

<b>PRESCRIBER INFORMATION</b>	
Prescriber Name:	
Address:	
DEA#:	NPI#:
Phone:	Fax:

<b>PATIENT INFORMATION</b>	
Name:	
DOB:	Allergies:
Address:	

<b>CURATIVE PHARMACY</b>	
Address: 2800 Longhorn Blvd Suite 102 Austin, TX 78758	NPI: 1774253520
Phone: (833) 428-7284	Fax: (877) 453-5797

DRUG (check one)	FREQUENCY	DURATION
<input type="checkbox"/> Glucose Monitor Supplies <ul style="list-style-type: none"><li>• One Touch Flex</li><li>• One Touch Verio test strips</li><li>• Lancet &amp; Lancing device</li></ul>	<input type="checkbox"/> 1x/day <input type="checkbox"/> 2x/day <input type="checkbox"/> 3x/day <input type="checkbox"/> 4x/day	<input type="checkbox"/> 1 month <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Other _____
<input type="checkbox"/> Continuous Glucose Meter Supplies (Dexcom) <ul style="list-style-type: none"><li>• Sensor (G6)</li><li>• Receiver (G6)</li><li>• Transmitter (G6)</li></ul> <i>*This RX requires a PA for coverage</i>		<input type="checkbox"/> 1 month <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Other _____

\_\_\_\_\_  
**Prescriber Signature**

\_\_\_\_\_  
**Date**