

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

**Patient Information**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email \_\_\_\_\_ Gender \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Primary Insurance ID \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Secondary Insurance ID \_\_\_\_\_

**Important Coverage Criteria**

Face-to-Face chart note completed by the prescriber within six (6) months prior to ordering the CGM documenting an in-person visit with the patient to evaluate the patient's diabetes control.

(Please include a copy of the F2F chart note with this order)

**Equipment Ordered (Please check all that apply)**

**K0554 (FreeStyle Libre 2 Reader)**

1 Reader / 1095 Days

Length of Need: Lifetime (99) - unless specified otherwise

**K0553 (FreeStyle Libre 2 Sensors)**

1 Unit / 30 Days (1 Unit = 1 month of sensors/supplies)

Length of Need: Lifetime (99) - unless specified otherwise

**Diagnosis (ICD- 10)**

E10.9     E11.65     E10.65     E11.8     E11.9     Other: \_\_\_\_\_

**Current Insulin Regimen:**

Insulin Pump     Daily Injections (# of): \_\_\_\_\_     Daily Inhalations (# of): \_\_\_\_\_

By my signature below, I authorize the use of this document as a dispensing prescription. I understand that the final decision with respect to ordering items for this patient is a clinical decision made by me, based on the patient's clinical needs, and that my records concerning this patient support the medical need for the items prescribed.

Prescriber's Name \_\_\_\_\_ NPI # \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_\_

Prescriber's Address \_\_\_\_\_

Prescriber's Phone \_\_\_\_\_ Prescriber's Fax \_\_\_\_\_