



Diabetes Supplies and Blood Pressure Monitor Request Form (Ver. 1.0)

Phone: 844-464-6554 Fax: 909-494-5582

PATIENT INFORMATION

Name: _____
 DOB: _____ Phone: _____
 Address: _____
 Insurance Name: _____ ID: _____ MRN: _____

PATIENT'S MOST RECENT

A1C: _____ % Date: _____
 LDL: _____ mg/dL Date: _____
 BP: _____ / _____ Date: _____

Diabetes (CHECK HERE to Order Diabetic Testing supplies and fill out the section below)

Patient's Diabetes Type (Select One):

- Type 1 (E10.9) Type 2 (E11.9)
 - LADA (E13.9) MODY (E13.9)
 - Gestational Diabetes (GDM) (O24.419)
- Estimated Due Date: _____

Blood Glucose Testing Schedule (Select One):

- NON-INSULIN Dependent- 1X Daily (Qty 100):**
 *(Medi-Cal does NOT cover 2x daily for this group)
- INSULIN Dependent (up to Qty 200):** Select One
 - 3x daily 4x daily 5x daily 6x daily

Supplies List

Multi-functional Monitoring System and Supplies (for Blood Glucose)

- Glucometer Lancing Device BG Test Strips Lancets BG Control Solution* Alcohol Pads*
- Ketone Strips (#10)* (sig: Use only when readings are >240 mg/ml or when feeling symptoms of hyperglycemia)
- Ketone Control Solution*

*Dispensed upon request or per collaborative practice agreement with provider
 All systems and supplies dispensed based on insurance coverage; ketone strips are no more than three (3) refills in a 90-day period.

Refill

Refills will be automatically set for 1 year unless otherwise specified. Other: _____

Hypertension (CHECK HERE to Order Blood Pressure Monitor and fill out the section below)

Supply List

- FORA Blood Pressure Monitor**
- Sig:** Test blood pressure every morning upon waking and every evening. **Quantity:** #1

Blood Glucose Testing Schedule (Select One):

- Default Cuff Size:**
 Wide Range Cuff Size (Range 9.4"-16.9"/24~43 cm)
- Check Here if **Extra Large** Adult Cuff Size
 (Range 16.5"-23.6" / 42~60cm)

Note: To avoid wastage, Gojji® Disease Management Program ensures appropriate use of testing supplies by providing individualized testing reminders based on patients' conditions. Gojji® never sends any supplies automatically and sends adequate supplies based on patients' real-time utilization and conditions only

PRESCRIBER INFORMATION

Name: _____ NPI: _____

Phone: _____ Fax: _____

Clinic Address: _____

Signature: _____ Date: _____

*Form not valid for use by providers prescribing in the state of Arizona to comply with state regulations. Please contact us for more information.

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