



260 Broadway
Brooklyn, NY 11235
www.EchoDrugs.net

DIABETES

Phone: 718-782-0101
Fax: 718-782-2626
Toll-free: 888-782-3031

Please fax prescription to:
718-782-2626.
Faxed prescriptions can be accepted
only from the prescribing practitioners

Date _____ Date Required _____ Ship to: ☐ Patient ☐ Office ☐ Other _____

Patient Information

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Alt Phone _____
SS# _____ DOB _____ ☐ Male ☐ Female

Prescriber/Provider Information

Name _____
State License# _____ UPIN _____
NPI# _____ DEA# _____
Group/Hospital _____
Address _____
City, State, Zip _____
Main Phone _____ Fax# _____
Contact Person _____ Phone _____

Insurance Information

**Please attach front and back of all
insurance and prescription drug cards**

Diagnosis (ICD-9)

- ☐ Type 2: Non-insulin dependent (250.00)
☐ Type 1: Insulin dependent (250.01)
☐ Type 2: Uncontrolled (250.02)
☐ Type 1: Juvenile/Uncontrolled (250.03)
☐ Other _____
Diagnosis Date _____

Additional Comments

Current Medications

Medication	Directions

Allergies

Patient Testing and Monitor Usage

Is patient capable of learning proper monitor use?
☐ Yes ☐ No

How many times a day is testing done? _____

Is patient visually capable? ☐ Yes ☐ No

Medicare regulations require documentation/explanation if an insulin-dependent patient is to test more frequently than three times a day, or if a non-insulin dependent patient is to test more frequently than once day. **Please supply an explanation if applicable and certify below that your records include a copy of testing logs if utilization exceeds guidelines.**

I certify that I have a copy of the testing log for patients whose testing exceeds guidelines?

Signature _____ Date _____

Prescription Information

Drug/Brand/Item	Strength/Dosage	Directions	Quantity	Refills
<input type="checkbox"/> OnCall Express Blood Glucose Monitor				
<input type="checkbox"/> Other Monitor (specify brand) _____				
<input type="checkbox"/> OnCall Strips <input type="checkbox"/> Other Strips _____				
<input type="checkbox"/> Lancets (specify brand) _____				

Provider's signature _____ Date _____