



Phone: (888) 605-4755

Fax: (866) 354-0538

STANDARD WRITTEN ORDER FOR CONTINUOUS GLUCOSE MONITORING AND SUPPLIES

5230 Las Virgenes Road, Suite 105, Calabasas, CA 91302 www.NationwideMedical.com

Instructions

1. Complete all fields on this Standard Written Order.
2. Fax this order form, patient demographic information, and the patient's most recent medical records to NMI at (866) 354-0538.

PATIENT INFORMATION

Patient Name: _____ DOB: _____

Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

DIAGNOSIS (ICD10) PER PROVIDER

☐ E10.65 ☐ E10.9 ☐ E11.65 ☐ E11.8 ☐ E11.9 ☐ Other: _____

LENGTH OF NEED: 99-LIFETIME Unless otherwise specified: _____

CURRENT INSULIN REGIMEN / or HYPOGLYCEMIA EVENTS

Is Patient on Insulin? ☐ Yes

Select ONE only:

☐ Insulin Pump
☐ Daily Injections – Number Per Day: _____

Is Patient on Insulin? ☐ No – Patient has documentation in clinical notes stating one of the following. Please ✓ appropriate box below.

☐ **Level 2 hypoglycemia:** Two or more hypoglycemic events, defined as <54 mg/dL that persist despite modification to the treatment or medication plan.
☐ **Level 3 hypoglycemia:** One hypoglycemic event, defined as glucose <54 mg/dL requiring third-party assistance for treatment.

ORDER DETAIL

Select Reader Only: E2103/A9278

☐ FreeStyle Libre 2 Reader
☐ FreeStyle Libre 3 Reader
☐ Dexcom G7 Reader (compatible with Dexcom G7 - 10 day and 15 day sensor)

Product Substitution within Manufacturer Permitted

Use per manufacturer guidelines and/or provide further detail here: _____

☒ **A4239/A9276: Sensors (circle preferred sensor)**

FreeStyle Libre 2 Plus system sensors - 6 per 90 days

FreeStyle Libre 3 Plus system sensors - 6 per 90 days

Dexcom G7 Sensors - 10 day - 9 per 90 days

Dexcom G7 Sensors - 15 day - 6 per 90 days

PHYSICIAN INFORMATION

By my signature below, I authorize the use of this document as a dispensing prescription. I certify that the above patient understands his/her freedom of choice in DME supplier. I certify that patient authorizes Nationwide Medical, Inc. to contact him/her by phone, text, and/or email.

Prescriber's Printed Name: _____ NPI #: _____

Prescriber's Signature: _____ Date: _____

Phone: _____ Fax: _____

CONFIDENTIALITY NOTICE: This communication, including any attachments, may contain information that is proprietary, privileged, confidential or legally exempt from disclosure. If you are not a named addressee, you are hereby notified that you are not authorized to read, print, retain a copy of or disseminate any portion of this communication without the consent of the sender and that doing so may be unlawful. If you have received this communication in error, please immediately notify the sender via return e-mail and delete it from your system.

Rev. 12/4/2025