



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](http://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

Is Patient on Insulin? ☐ Yes ☐ No

Select ONE only:

☐ Insulin Pump  
☐ Daily Injections – Number Per Day: \_\_\_\_\_

### ORDER DETAIL

Select Reader Only: E2103/A9278

☐ FreeStyle Libre 2 Reader  
☐ FreeStyle Libre 3 Reader  
☐ Dexcom G7 Reader

### 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 - 9 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: \_\_\_\_\_