



DIABETIC SUPPLY ORDER FORM

WellCare Specialty Pharmacy
 6015 Benjamin Road, Suite 302
 Tampa, FL 33634
 Phone: 866-740-2539
 Fax: 877-709-1694

Date:

Patient Name:	Date of Birth:	
Member ID:	Phone:	
Address:		
City:	State:	Zip:

Statement of Certifying Physician & Prescription for: Blood Glucose Monitoring Supplies

How many times per day should the patient test?

Diagnosis: 250.00 250.01 Other

Glucose Equipment (Please check)

We will send a 90-day supply for the test strips/lancets selected unless otherwise noted.

<input type="checkbox"/> FreeStyle [®] Lite Test Strips	<input type="checkbox"/> FreeStyle Lite Meter
<input type="checkbox"/> Accu-Chek [®] Aviva Test Strips	<input type="checkbox"/> Accu-Chek [®] Aviva Care Kit
<input type="checkbox"/> Accu-Chek [®] Compact Test Strips	<input type="checkbox"/> Accu-Chek [®] Compact Plus Kit
<input type="checkbox"/> Precision Xtra [®] Test Strips	<input type="checkbox"/> Precision Xtra [®] Meter
<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Supplies

Sure-Lance Ultra Thin Lancets

Other:

MD/ARNP Name:	DEA/NPI #:	
Address:		
City:	State:	Zip:
Phone:	Fax:	

Physician/ARNP Signature:

Our Promise:
We will never auto-fill any prescriptions. We will always verify that the member needs medications before sending out.

All DME prescriptions valid one year from the date written unless otherwise noted.