

# Choice Pharmacy & Compounding Center

401 S. Parsons Ave Suite C Brandon, FL 33511

Phone: 813-685-4707 Fax: 813-685-4722

**\*\*\*FREE HOME DELIVERY\*\*\***

<b>Patient Name:</b>	<b>D.O.B:</b>
<b>Address:</b>	<b>Phone:</b>

<b>Physician:</b>	<b>Address:</b>
<b>Phone:</b>	
<b>Fax:</b>	

## ***Diabetic Prescription / Supplies Request Form***

MEDICATION / ITEM	QTY	REFILLS	COMMENTS
DIABETIC METER			
TEST STRIPS		prn or ____	FOR BLOOD SUGAR TESTING(BST)
LANCETS		prn or ____	FOR BLOOD SUGAR TESTING(BST)
LANCING DEVICE		prn or ____	FOR BLOOD SUGAR TESTING(BST)
ALCHOL PADS		prn or ____	FOR BST & BEFORE INJECTION
EASY COMFORT PEN NEEDLES		prn or ____	FOR INSULIN INJECTIONS
EASY COMFORT SYRINGES		prn or ____	FOR INSULIN INJECTIONS

BY MY SIGNATURE BELOW, I AUTHORIZE THE USE OF THIS DOCUMENT BY CHOICE PHARMACY AS A DISPENSING PRESCRIPTION. I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS A TRUE AND CORRECT VERIFICATION OF MY VERBAL OR WRITTEN ORDER AND THAT MY MEDICAL RECORDS SUPPORT THE MEDICAL NEED FOR THE ITEMS PRESCRIBED.

**\*\*\*FREQUENCY OF TESTING\*\*\* \_\_\_\_\_ **TIMES PER DAY\*\*\*****

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please fax completed prescription to: Choice Pharmacy in Brandon FL**

**Fax # 813-685-4722**