



105 Maple Drive
 Warrendale, PA 15086
 Tel: 724.814.0247
 Fax: 724.933.1916
 www.reddietitians.com

PHYSICIAN ORDER SHEET

Patient Information

Name _____ Date of Birth _____

Address: _____

Phone _____

Primary Insurance _____ ID number _____

MEDICAL NUTRITIONAL THERAPY

Diagnosis/Diagnoses:

- Diabetes Mellitus 250.00/250.01
- Non-dialysis CRI/Non-Dialysis ESRD
- (Other) _____

Order:

- MNT-Diabetes Mellitus, insulin or non-insulin dependent
- MNT, non-dialysis CRI and non-dialysis ESRD

DIABETES TESTING SUPPLIES

Testing Frequency:

- 1/DAY 2/DAY 3/DAY 4/DAY 5/DAY

If non-insulin dependent, reason for testing >1/day:

- Widely fluctuating blood sugar
- Ketoacidosis
- Other _____

Items to be dispensed:

- | | |
|---|---|
| <input type="checkbox"/> Home blood Glucose Monitor (E0607) | <input type="checkbox"/> Lancet Device (A4258) |
| <input type="checkbox"/> Lancets (A4259) | <input type="checkbox"/> Test Strips (A4253) |
| <input type="checkbox"/> Replacement Battery (A4254) | <input type="checkbox"/> Calibration Solution (A4256) |

Physician: _____

Physician Address: _____

Phone: _____ UPIN: _____ NPI: _____

Physician Signature _____ Date _____

PLEASE FAX THIS SIGNED ORDER BACK TO 724-933-1916