AAPEX PHARMACY Rx

Website: www.aapexpharmacy.com

6065 HILLCROFT PLAZA, STE. 612, HOUSTON, TEXAS 77081

(800) 314-6499 TOLL FREE (713) 270-7771 PHONE (713) 988-3227 FAX

Physician's Order

NOTE: Please insure that all the check marked ☑ ❑ areas are completed to insure prompt order processing. *Date:* _____

Patient Name: _____
First *Middle Initial* *Last*

Street Address: _____

City: _____ *State:* _____ *Zip:* _____

SSN: _____ *Phone:* _____

Patient ID Number (Medicare Number) _____

Patient Secondary Insurance ID Number _____

(Medicaid or Medicare Supplemental)

☑ { ❑ *Insulin Dependent, Controlled 250.01* ❑ *Non Insulin Dependent, Controlled 250.00*
❑ *Insulin Dependent, Uncontrolled 250.03* ❑ *Non Insulin Dependent, Uncontrolled 250.02* } ☑

Other Related Diabetic Diagnosis: _____

Patient's Date of Birth _____ *Sex:* ❑ *Male* ❑ *Female*

	DME Supplies Required (please check)		*Frequency of Tests Per Day*	*Quantity*
☑ {	*Diabetic Glucose Monitor*			
	Diabetic Testing Strips			
	Lancets			
	Lancet Device			

** Patient is expected to use the monitor for at least six months.*

Prescribing Physician (Print Physician's Name): _____

☑ *Physician UPIN:* _____ ☑ *DEA:* _____ ☑ *Date:* _____

Address: _____

City, State, Zip: _____

Physician's Phone: _____

Physician's Fax: _____

☑ *Physician's Signature:* _____

Rx is valid for twelve (12) months after the date of dispensing