MANOR Drug Store
ManorDrug.com
2361 Northgate Blvd
Sacramento, CA 95833
916-922-9392

Fax completed form to
(916) 922-2444

DOCTOR'S WRITTEN ORDER

Prescription Date:_____

Name:_____
Last First Social Security / HIC #

_____

_____Glucose Monitor _____Chemstrips _____Lancets _____Other_____

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*Note you must choose one of the following and write in as fifth digit code for proper diagnosis!
For the following codes please use fifth digit as applies to patient type:

0 type II (Non-insulin dependent type) Adult Onset or unspecified type, not stated as controlled (even if the patient requires insulin)
1 type I (Insulin dependent) Juvenile Type not stated as controlled
2 type II (Non-insulin dependent type) Adult Onset or unspecified type, uncontrolled. Even if requires insulin
3 type I (Insulin dependent type) Juvenile, uncontrolled

___250.0___ Diabetes w/ Ketoacidosis
___250.2___ Diabetes w/ Hypersmolarity
___250.3___ Diabetes w/ other coma
___250.4___ Diabetes w/ renal manifestations
___250.5___ Diabetes w/ ophthalmic manifestations
___250.6___ Diabetes w/ neurological manifestations
___250.7___ Diabetes w/ peripheral circulatory disorders
___250.8___ Diabetes w/ other specified manifestations
___250.9___ Diabetes w/ unspecified manifestations

_____

_____Patient is an insulin-treated (with injections) diabetic
_____100 strips/month _____strips/month _____100 lancets/month _____lancets/month

_____If patient requires greater than 100 strips/lancets, please explain below

_____

_____ Patient is diabetic but is **not treated** with insulin injections
_____100 strips/3 months _____strips/3 months _____100 lancets/3months _____lancets/3months

_____ If patient requires greater than 100 strips/lancets, please explain below

Length of need _____12 months _____ Other

_____

***I certify that the above mentioned equipment / supplies is medically indicated and is reasonable and necessary for the treatment of this patient's condition.

_____

Doctor's Name_____
Doctor's Address_____

Doctor's Signature _____ Date_____
Doctor's UPIN# _____ Phone #_____ Fax #_____