



PORT CITY
MEDICAL

TRUSTED
HEALTH
PARTNER

GLUCOSE MONITORING STANDARD WRITTEN ORDER

8053 Airway Park Drive Mobile, AL 36608 - (251) 443-7667

www.portcitymedical.com

1. Complete all fields on this Standard Written Order and sign.
2. Submit this order and the patient's most recent medical records (must include diagnosis codes and A1C within last 6 months)

FAX TO: (251) 650-4498 or EMAIL: info@portcitymedical.com

Patient Information

Patient Name: _____ Date of Birth: _____

Phone: _____ Alt Phone: _____ email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Primary Insurance: _____ Primary Insurance Member ID: _____

Secondary Insurance: _____ Secondary Insurance Member ID: _____

Notes: _____

Is the patient treated with insulin? ☐ YES ☐ NO

If yes, how many times a day? _____

Diagnosis Code

☐ E10.9 ☐ E11.65 ☐ E10.65 ☐ E11.8 ☐ E11.9 ☐ O24.419 / Due Date: _____ ☐ Other: _____

Testing Frequency

☐ Once a Day ☐ 2 Times a Day ☐ 3 Times a day ☐ 4 Times a day ☐ Other: _____

Supplies ☐ Dispensed ☐ Provide

☐ Glucose Monitor ☐ Test strips ☐ Lancets ☐ Lancing device

Physician Information

Physician Name: _____ Phone: _____

NPI: _____ Fax: _____

Address: _____ City: _____ State: _____ ZIP: _____

Office Contact: _____

Physician Signature: _____ Date: _____

PHYSICIAN ATTESTATION:

I certify with my signature that I am the physician named above. The information contained on this Written Order is true and complete to the best of my knowledge. This patient was evaluated by me and treated for the condition as stated above. The patient's medical record accurately contains documentation to support medical need and utilization of the supplies prescribed by me. This order for supplies is reasonable and necessary for the diagnosis and treatment of the patient's illness. The patient and/or caregiver has been trained on the proper use of the supplies and can follow these instructions. A copy of this signed order will be maintained on file as part of the patient's medical record and made available to Medicaid or other Insurance for post payment review or audits.