



Health Education Referral

Please fax referral form to:
(661) 846-4658

For assistance and renewals please call
(805) 540-6207

PATIENT INFORMATION

Name:	Date:	
Date of Birth:	Member ID:	
Address:	Phone Number:	
City:	State:	Zip:
Insurance:		
Ordering Provider:		
Diagnosis:		

DIABETIC MEDICAL SUPPLIES (quarterly distribution)

Checking Blood Sugar	Lancets:	Strips
____ x's per day? <input type="checkbox"/> Blood Glucose Monitor (1) <input type="checkbox"/> Lancet Device (1)	<input type="checkbox"/> 1 Box (100 lancets) <input type="checkbox"/> 2 Boxes (200 lancets) <input type="checkbox"/> ____ (other)	<input type="checkbox"/> 2 Boxes (100 strips) <input type="checkbox"/> 4 Boxes (200 strips) <input type="checkbox"/> 6 Boxes (300 strips) <input type="checkbox"/> ____ (other)