

Culinary Pharmacy Diabetic Testing Supplies Refill Form



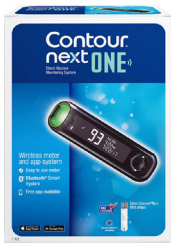
Please fill out this Rx form. Fax it back to the Culinary Pharmacy to have a new prescription filled.

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|---|---|
| Culinary Pharmacy at the Culinary Health Center 650 N. Nellis Blvd., Las Vegas, NV 89110 Fax: 702-963-9401 | Culinary Pharmacy at the Culinary Health Fund 1945 S. Las Vegas Blvd., Las Vegas, NV 89104 Fax: 702-369-5940 |
|---|---|

Date: _____ Patient: _____

Date of Birth: _____

Glucose Meter Test Strips



ContourNext ONE meter



ContourNext Test Strips x 50 or 100
Quantity _____

Lancets Supplies



Microlet x 100
Quantity _____



Alcohol Swabs x 100
Quantity _____

Recommended test frequency: _____ x per day
Refills: _____

For Office Use Only

Physician Name: _____ DEA# _____

Dispense as Written: _____ Substitution Permitted _____

Physician Signature: _____

FAX THIS FORM BACK TO THE CULINARY PHARMACY