

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.

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
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Glucose Meter

Test Strips



ContourNext ONE meter



ContourNext Test Strips x 50 or 100

Lancets

Supplies



Microlet x 100



Alcohol Swabs x 100

Date: _____ Patient Name: _____

Date of Birth: _____

Doctor's Office: Please fill out this section in its entirety to avoid delays

Quantity sufficient for (circle one): 30 days or 60 days

Recommended test frequency: _____ x per day Refills: _____

Dispense as Written: _____ Substitution Permitted _____

Physician Name: _____ NPI# _____

Physician Signature: _____

FAX THIS FORM BACK TO THE CULINARY PHARMACY