

Test Strips/Lancet 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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Date: _____ Patient: _____ D.O.B _____

Test Strips

ACCU-CHEK Guide Test Strips x 100
Quantity _____

OneTouch Verio Flex Test Strips x 100
Quantity _____

Accu-Chek Lancets



GUIDE x 100
Quantity _____

OneTouch Lancets



DELICA x 100
Quantity _____

Supplies



Alcohol Swabs x 100
Quantity _____

Recommended Test: _____ 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