



Quest Health Solutions, LLC.
 Show Me Medical Equipment, LLC.
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PHYSICIAN'S AUTHORIZATION FOR DME

Patient Name:	Patient Address:	Patient DOB:
Patient Phone:	Primary Insurance Company:	Member ID:
Length of Need: Lifetime	Secondary Insurance Company:	Member ID:

4 Easy Steps for Prescribing a Continuous Glucose Monitor (CGM)

By following these steps, you can ensure a smooth process for prescribing a CGM for your patients.

- 1. Complete all fields on this order form.**
- 2. Submit supporting medical records - signed and dated:**
 - Include a diabetic office visit note from within the last 6 months of this Rx.
- 3. Ensure clarity:**
 - Handwritten items must be legible (name, date, signature, etc.).
- 4. Correct carefully:**
 - Initial and date any corrections made on the form.

Equipment to Prescribe:

- receiver (monitor), dedicated, for use with therapeutic CGM system (**FREESTYLE LIBRE READER**)
- supply allowance for therapeutic CGM, includes 1 month (30 days) supply (**FREESTYLE LIBRE SENSORS**)



Physician Name:	Fax:
NPI:	Phone:
Physician Email:	

Physician Signature: _____ **Date:** _____

I HAVE REVIEWED THE PRESCRIPTION ABOVE AND FOUND THE INFORMATION TO BE ACCURATE. I CERTIFY THE MEDICAL NECESSITY TO FACILITATE MANAGEMENT OF THIS PATIENT'S DIAGNOSIS. THIS PRESCRIPTION ACCURATELY REFLECTS THE PATIENT'S CONDITION, AND IS SUBSTANTIATED BY MEDICAL RECORDS.