



Date _____

Name _____

Date of birth _____

Allergies: _____

Weight: _____

Diabetes Prescription

GLUCOSE TEST STRIPS: Ultra Verio Contour Next Freestyle Lite Other: _____

250 strips for 8 tests/day #300 strips for 10 tests/ day Other: _____

LANCETS: B-D Ultra Fine-33G One Touch Ultrasoft OneTouch Delica 33G Accu-chek Multiclix

#250 lancets for 8 tests/day #300 lancets for 10 tests/ day Other: _____

INSULIN 10 ML VIALS

Humalog Insulin **Sig: As directed*** 2, 3, or 4 vials/month Avg units/day: _____

Novolog Insulin (Aspart) **Sig: As directed*** 2, 3, or 4 vials/month Avg units/day: _____

NPH Insulin **Sig: As directed*** 2, 3, or 4 vials/month Avg units/day: _____

Lantus Insulin (Glargine) **Sig: As directed*** 2, 3, or 4 vials/month Avg units/day: _____

INSULIN 3 ML X 5 PENS PER BOX

Humalog U-100 **KwikPen** **Sig: As directed*** 1 box, 2 boxes/month Avg units/day: _____

Humalog Pen fill cartridges **Sig: As directed*** 1 box, 2 boxes/month Avg units/day: _____

Novolog FlexPen Disposable **Sig: As directed*** 1 box, 2 boxes/month Avg units/day: _____

Novolog Pen Fill Cartridges **Sig: As directed*** 1 box, 2 boxes/month Avg units/day: _____

Lantus Solostar Disposable pen **Sig: As directed*** 1 box, 2 boxes/month Avg units/day: _____

* For patient safety, **DO NOT** include avg units/day on insulin labels for patients. For insurance purposes only

SYRINGES

BD Insulin Syringes Ultra -Fine II **6mm** **8mm** 30 unit 50 unit 100 unit # 2 Boxes/month

BD Insulin Syringes Ultra -Fine II **Short 6mm (half unit scale)** 30 unit: NDC/HRI # 08290-4910-01 # 2 Boxes/month

Sig: 4-6 average injections per day

PEN NEEDLES

B-D Ultra Fine III **Nano 4mm** Pen Needles 2 boxes NovoFine 32G **Short 6mm** Pen Needles 2 boxes

B-D Ultra Fine III **Mini 5 mm** Pen Needles 2 boxes B-D Ultra Fine III **Short 8mm** Pen Needles 2 boxes

(Use BD pen needles with Humalog and Lantus Pens) (Use Novofine pen needles with Novolog pens only)

Sig: Change pen needle after every injection, 4-6 injections per day

EMERGENCY & OTHER SUPPLIES

EMLA Cream or LMX Cream (30 gram tube) # 1 tube per month Sig: For site changes

Glucagon Emergency Kit (1mg) 2 kits Sig: for hypoglycemic seizure

Precision Xtra Blood Glucose and Ketone system # 1 meter Sig: check 2 times daily PRN

Precision Xtra Blood Ketone Strips # 1 box per month (#10 per box) Sig: check 2 times daily PRN

Urine Ketone Test Strips #20 Foil wrapped 1 box/month, # 50 vial/month Sig: check 2 times/daily PRN

Home Sharps Container 1 box/month Sig: dispose of sharps

OTHER MEDICATIONS

Number of prescriptions on form

Refills for one year/ 3 month supply OK

Refills: none, other: _____

Label in Spanish

Physician Signature: _____

Prescriber's name:

_____ M.D.

CA License _____

Kari Benassi, F.N.P. NPI# 1427350859

Elizabeth Kunselman, N.P. NPI# 1821194051

Kim Clash, P.N.P. NPI# 1609903855

Jennifer Block, F.N.P. NPI# 1780928812

Tandy Aye, M.D. CA license: A95092

Laura Bachrach, M.D. CA license: G36802

Bruce Buckingham, M.D. CA license: G25563

Caroline Buckway, M.D. CA license: A60707

Brian Feldman, M.D. CA license: A84899

E. Kirk Neely, M.D. CA license: G55037

Avni Shah, M.D. CA license: A83856

Darrell Wilson, M.D. CA license: G38484

Sejal Shah, M.D. CA license: A103168

Rajiv Kumar, M.D. CA license: A113037

Matt Stenerson, M.D. CA license: A114633

Christina Chao, M.D. CA license: A119654

Daniel DeSalvo, M.D. CA license: A121730

Stephanie Crossen, M.D. CA license: A125418

Address: Division of Endocrinology
300 Pasteur Dr, RM G-313
Stanford, CA 94305-5208
Office phone: 650-723-5791

Fax Refill Requests to: 650-725-8375