



STANDARD WRITTEN ORDER

Fax this standard written order and patient's most recent medical records demonstrating coverage criteria is met to a DME supplier contracted with patient's primary insurance

Continuous Glucose Monitoring and Supplies

Patient Information

Patient Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Primary Insurance: _____ Primary Insurance Member ID: _____

Secondary Insurance: _____ Secondary Insurance Member ID: _____

Notes: _____

Diagnosis (ICD-10 code that supports medical necessity)¹

- E10.9 E10.65 E10.649 E11.9 E11.8 E11.65 E11.649 Other _____

Reason(s) for prescribing continuous glucose monitor to improve patient's glycemic control^{1,2}

- Insulin-treated Insulin type / brand: _____
- History of problematic hypoglycemia¹

Order Detail

Duration of need: LIFETIME (99) - unless specified otherwise: _____

<input type="checkbox"/> FreeStyle Libre 3 Plus sensor and FreeStyle Libre 3 reader <ul style="list-style-type: none"> Use FreeStyle Libre 3 Plus sensor and FreeStyle Libre 3 reader per manufacturer guidelines, in accordance with FDA indications for use Change FreeStyle Libre 3 Plus sensor every 15 days Dispense six sensors /90 days 	<input type="checkbox"/> FreeStyle Libre 2 Plus sensor and FreeStyle Libre 2 reader <ul style="list-style-type: none"> Use FreeStyle Libre 2 Plus sensor and FreeStyle Libre 2 reader per manufacturer guidelines, in accordance with FDA indications for use Change FreeStyle Libre 2 Plus sensor every 15 days Dispense six sensors /90 days
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DISPENSE AS WRITTEN

I certify that I am the physician identified in the "Physician Information" section and hereby attest that the medical necessity information is true, accurate, and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability. The patient/caregiver is capable and has successfully completed or will be trained on the proper use of the products prescribed on this order.

Physician Signature: _____ Date: _____

Physician Information

Physician Name: _____ NPI: _____

Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ ZIP: _____

Office Contact: _____ Email: _____

Notes: _____

Medicare and other payor criteria may apply.

1. Policy Article A52464, Glucose Monitor. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52464>.
2. Local Coverage Determination (LCD) L33822, Glucose Monitors <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33822>.

Important Safety Information Failure to use FreeStyle Libre systems as instructed in labeling may result in missing a severe low or high glucose event and/or making a treatment decision, resulting in injury. If glucose reading and alarms (if enabled) do not match symptoms or expectations, use a fingerstick value from a blood glucose meter for treatment decisions. Get medical attention when appropriate. Abbott Customer Service at 855-632-8658 or visit <https://www.freestyleprovider.abbott/us-en/safety-information.html> for safety info.

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