

Prescription Form & Statement of Medical Necessity

This is for the purchase of an AdvantaJet[®] for _____

Current patient information:

Injections per day: _____ Blood glucose level ranges: _____

Last Glycohemoglobin (GHB) level: _____

Diagnosis: (check all that apply)

- _____ 250.13 Diabetes with ketoacidosis, IDDM, uncontrolled
- _____ 250.23 Diabetes with hyposmolar coma, IDDM, uncontrolled
- _____ 250.33 Diabetes with other coma, IDDM, uncontrolled
- _____ 250.43 Diabetes with renal manifestations, IDDM
- _____ 250.53 Diabetes with ophthalmic manifestations, IDDM
- _____ 250.63 Diabetes with neurological manifestations, IDDM, uncontrolled
- _____ 250.73 Diabetes with peripheral circulatory manifest, IDDM, uncontrolled
- _____ 250.83 Diabetes with other specified manifestations, IDDM, uncontrolled
- _____ 250.03 Diabetes without mention of complications, IDDM, uncontrolled
- _____ 440.23 Arteriosclerosis of extremities with ulceration
- _____ 440.24 Arteriosclerosis of extremities with gangrene
- _____ 440.29 Other arteriosclerosis of the extremities
- _____ 788.41 Urinary frequency
- _____ 788.42 Polyuria
- _____ 788.43 Nocturia other: _____

Existing circumstances that could be remedied through use of the AdvantaJet:

- _____ Non-adherence to recommended injection frequency
- _____ Injection site Lipoatrophy/Lipohypertrophy
- _____ Erratic insulin absorption
- _____ Erratic blood glucose ranges
- _____ Difficulty using syringes related to: (circle all that apply) poor vision, decreased peripheral sensation, decreased motion strength.
- _____ Other: _____

Insulin therapy is an absolute necessity for this patient. The AdvantaJet[®] provides a means of delivering the insulin more effectively than by needle and syringe. Benefits include better absorption, elimination of skin trauma, accuracy of dosage, and increased choice of injection sites. Economically, the AdvantaJet[®] is meant to be a one-time expense. Due to the fact that syringes are eliminated, the expense of the AdvantaJet[®] will be recouped in 2 to 2.5 years. Insulin dosage is often reduced, in some cases as much as 10-20%.

DEA#: _____ M.D./DO

Practice: _____ Phone: _____

Address: _____

Patient Name: _____

Date: _____

R/

One Two (circle)

AdvantaJet[®]

X _____ M.D./DO.

FAX TO: 703.935.7530