



PRESCRIPTION REFILL AND SCHOOL INFORMATION FORM

Please complete to help with prescription refills and school communication. Our medical assistants will prepare the info needed for your provider to sign the refill. This will save you time, hassle and delays when calling in for refills. Thank you!






























1. School or College name: _____ City: _____
2. Local pharmacy name _____ Street _____ City _____
3. Mail order pharmacy name (if used) _____ Phone _____
4. How many times per day do you change the lancet?

Below, put a check ✓ in the green column for what you use now.

put a check ✓ in the pink column for the refills needed and note from which pharmacy.

Category	Brand	Image	Use now? Check ✓ here	Need Refill? Check ✓ here	From which pharmacy?
STRIPS	One Touch				<input type="checkbox"/> Local <input type="checkbox"/> Mail order
	Freestyle Lite				
	Freestyle (for Omnipod)				
	Contour Next				
	Accu-Check SmartView				
	Other:				
LANCETS	One Touch Delica 33 gauge (light blue)				<input type="checkbox"/> Local <input type="checkbox"/> Mail order
	One Touch Delica 30 gauge (grey)				
	BD UltraFine 33 gauge (light blue)				
	BD UltraFine 30 gauge (green)				
	Freestyle				
	Multiclix (royal blue)				
	Fastclix (dark grey)				
	Other:				
KETONES	Blood	Nova Max			<input type="checkbox"/> Local <input type="checkbox"/> Mail order
		Precision			
	Urine	Ketostix			
	Other:				
GLUCAGON					<input type="checkbox"/> Local <input type="checkbox"/> Mail order
PILLS BY MOUTH	Name(s):				<input type="checkbox"/> Local <input type="checkbox"/> Mail order
OTHER MEDS (not insulin)	Name(s):				<input type="checkbox"/> Local <input type="checkbox"/> Mail order



Category	Brand	More details	Use now? Check ✓ here	Need refill? Check ✓ here	Which pharmacy?	
FAST-ACTING INSULIN	Humalog	Kwikpen 			<input type="checkbox"/> Local <input type="checkbox"/> Mail order	
		Cartridge 				
		Vial 				
	Novolog	Flexpen 				
		Cartridge 				
		Vial 				
Apidra	Vial 					
LONG-ACTING INSULIN (also for pumpers to have in case of pump failure)	Lantus	Solostar 			<input type="checkbox"/> Local <input type="checkbox"/> Mail order	
		Vial 				
	Levemir	FlexTouch 				
		Vial 				
SYRINGES 	30 units with <input type="checkbox"/> ½ unit marks <input type="checkbox"/> 1 unit marks <input type="checkbox"/> 50 units <input type="checkbox"/> 100 units				<input type="checkbox"/> Local <input type="checkbox"/> Mail order	
PEN NEEDLES	<input type="checkbox"/> Nano (4mm)	<input type="checkbox"/> mini (5mm)	<input type="checkbox"/> short (8mm)		<input type="checkbox"/> Local <input type="checkbox"/> Mail order	
	Other: _____					
PUMPS	<input type="checkbox"/> Animas 	<input type="checkbox"/> Medtronic 	<input type="checkbox"/> Omnipod 	<input type="checkbox"/> Tandem 	<input type="checkbox"/> Accuheck 	<input type="checkbox"/> Asante 
Infusion set type	Image	Size	Tubing	Need a refill?	Pharmacy?	
<input type="checkbox"/> Cleo 90 (straight in)		<input type="checkbox"/> 6 mm <input type="checkbox"/> 9 mm	<input type="checkbox"/> 24" <input type="checkbox"/> 31" <input type="checkbox"/> 43"		<input type="checkbox"/> Pump Co. <input type="checkbox"/> Mail order	
<input type="checkbox"/> Contact-Detach		<input type="checkbox"/> 6 mm <input type="checkbox"/> 8 mm	<input type="checkbox"/> 23"			
<input type="checkbox"/> Inset 30 (angle)		<input type="checkbox"/> 13mm	<input type="checkbox"/> 23" <input type="checkbox"/> 43"			
<input type="checkbox"/> Inset (straight in)		<input type="checkbox"/> 6 mm <input type="checkbox"/> 9 mm	<input type="checkbox"/> 23" <input type="checkbox"/> 43"			
<input type="checkbox"/> Mio (plastic)		<input type="checkbox"/> 6 mm <input type="checkbox"/> 9 mm	<input type="checkbox"/> 18" <input type="checkbox"/> 23" <input type="checkbox"/> 32"			
<input type="checkbox"/> Omnipod PODS		N/A	N/A			
<input type="checkbox"/> QuickSet (plastic)		<input type="checkbox"/> 6 mm <input type="checkbox"/> 9 mm	<input type="checkbox"/> 18" <input type="checkbox"/> 23" <input type="checkbox"/> 32" <input type="checkbox"/> 43"			
<input type="checkbox"/> Silhouette (angle)		<input type="checkbox"/> 13mm <input type="checkbox"/> 17mm	<input type="checkbox"/> 18" <input type="checkbox"/> 23" <input type="checkbox"/> 32" <input type="checkbox"/> 43"			
<input type="checkbox"/> Sure-T (needle)		<input type="checkbox"/> 6 mm <input type="checkbox"/> 8 mm 10mm	<input type="checkbox"/> 18" <input type="checkbox"/> 23" <input type="checkbox"/> 32"			
Tapes	<input type="checkbox"/> IV 3000 <input type="checkbox"/> Tegaderm <input type="checkbox"/> Tegaderm HP					
Adhesives	<input type="checkbox"/> IV Prep Pads <input type="checkbox"/> Mastisol <input type="checkbox"/> _____					
Adhesive remover	<input type="checkbox"/> Unisolve <input type="checkbox"/> Detachol <input type="checkbox"/> _____					
NUMBING CREAM	<input type="checkbox"/> Lidocaine/Prilocaine <input type="checkbox"/> Emla <input type="checkbox"/> LMX4				<input type="checkbox"/> Mail order <input type="checkbox"/> Local	
SENSOR (CGM)	<input type="checkbox"/> Dexcom <input type="checkbox"/> Medtronic				<input type="checkbox"/> Mail order <input type="checkbox"/> Dexcom	

Patient label or full name, DOB: _____