



**PLEASE ATTACH OR SEND
BY EMAIL or FAX IMAGE OF
DRUG PLAN CARD**

Patient Name _____ Date of Birth _____

Patient Address _____

Patient email _____

Patient's Daytime Telephone # _____

PLEASE CHECK ITEMS YOU WISH TO ORDER

- Libre Reader (Meter) PIN 97799170 x 1

- Libre Sensors PIN 97799171 x 4 plus 10 repeats

- FreeStyle Precision BG Strips PIN 9854070 (100) plus 6 repeats
(Reader can work as regular meter with these BG strips and no sensor)

- FreeStyle Precision Blood KETONE Strips PIN 97799762 (10) plus 6 repeats
(Reader can work as regular meter to measure blood KETONES with these strips and no sensor)

Prescriber's Name _____

Signature _____ Date _____

Address _____

Phone _____ Fax _____

Prescriber's College Registration Number _____

Fax to Diabetes Depot /Stutt's Pharmacy Fax 1 855 268 3972

PO Box 340, 5344 Main St, Orono, Ontario, L0B 1M0 Phone 1 888 678 8887

Email info@diabetesdepot.ca