



FAST. RELIABLE. AFFORDABLE.

NPI#: 1285821264

Veterinarians Order

Pet's Name, Type of Pet, Pet Owner's Name, Pet Owner's Address, Order/Reference Number, Clinic Name, Physician's Name, Physician's Address, Physician's Phone, Physician's Fax

Is the pet treated with insulin? (circle one) Yes No

I prescribe the use of the following supplies:

- Syringes
AlphaTrak2 Glucose Monitor
ALphaTrak2 Test Strips
Other

Length of Need is Lifetime (99 months) (unless specified) (months) or (refills)

By my signature below, I confirm that the patient's pet has the above medical condition and is/was being treated by me. All of the information contained on this Doctor's Order Form accurately reflects the pet's condition and the treatment regimen that I have prescribed.

Signature Date

License #

Please fax this form back to 866-995-4820