

# DIABETIC RX

**PATIENT NAME** \_\_\_\_\_

**DATE** \_\_\_\_\_

**SYRINGES**

Regular 1 mL #200 LoDose (1/2 mL) #100 SIG: As directed RF x \_\_\_\_\_

**TEST STRIPS** to match patient glucose monitor (50/bottle) Disp: \_\_\_\_\_

SIG: Test blood glucose Daily BID QID As directed RF x \_\_\_\_\_

**LANCETS #200**

SIG: As directed RF x \_\_\_\_\_

**GLUCOSE MONITOR #1**

SIG: Test blood glucose as directed

**ORAL MEDICATIONS**

|               |        |        |       |
|---------------|--------|--------|-------|
| Glyburide     | 2.5 mg | 5 mg   |       |
| Glipizide     | 5 mg   | 10 mg  |       |
| Metformin     | 500 mg | 850 mg |       |
| Rosiglitazone | 4 mg   | 8 mg   |       |
| Pioglitazone  | 15 mg  | 30 mg  | 45 mg |
| ASA-EC        | 81 mg  | 325 mg |       |

| SIG:               |       | Disp # | Refill x |
|--------------------|-------|--------|----------|
| _____ PO Daily BID | _____ | _____  | _____    |
| _____ PO Daily BID | _____ | _____  | _____    |
| _____ PO Daily BID | _____ | _____  | _____    |
| _____ PO Daily BID | _____ | _____  | _____    |
| _____ PO Daily BID | _____ | _____  | _____    |

**ACE/ARB** \_\_\_\_\_

SIG: \_\_\_\_\_ Disp # \_\_\_\_\_ RF x \_\_\_\_\_ **Statin** \_\_\_\_\_ Disp # \_\_\_\_\_ RF x \_\_\_\_\_

**HUMAN INSULIN Disp# Refill x** \_\_\_\_\_ **1 2 3 4 5 6 7 8 9**

Lispro 10 mL Vial x \_\_\_\_\_ SIG: \_\_\_\_\_

REG 10 mL Vial x \_\_\_\_\_ SIG: \_\_\_\_\_

70/30 10 mL Vial x \_\_\_\_\_ SIG: \_\_\_\_\_

NPH 10 mL Vial x \_\_\_\_\_ SIG: \_\_\_\_\_

Glargine 10 mL Vial x \_\_\_\_\_ SIG: \_\_\_\_\_

\_\_\_\_\_ 10 mL Vial x \_\_\_\_\_ SIG: \_\_\_\_\_

|                              |           |       |  |
|------------------------------|-----------|-------|--|
| GENERIC EQUIVALENT PERMITTED | CAL LIC # | DEA # |  |
| MD/DO                        |           |       |  |

**PHARMACY**