How to prescribe a Home Blood Glucose Monitoring meter

sample prescription form

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Midwife Prescription Form

SAMPLE

Circle one from each line
Y J A O
1 4 3
Z (Circle if patient has High Use Health Card)

Practitioners Name & Address

Pharmacy use only
Item Count

Does Client Have Prescription Subsidy Card?

Pharmacy Stamp

Midwifery Council No. NHI No.

Name of Client
MR MASTER MRS MISS MS (Circle one) Gender M F

Full Residential Address of Client

Date of Birth if client under 13
/ /

546947

	Period Quantity	Disp.	Dispensing Date of Repeat	Pharmacist Initials
Rx Care Sens N Blood Glucose meter kit Test blood sugar levels as directed	1	1st		
		2nd		
		3rd		
Rx Care Sens N Blood Glucose test strips Test 4-6 times daily as directed	3/12	1st		
		2nd		
		3rd		
Rx		1st		
		2nd		
		3rd		

Generic substitution permitted unless product name underlined

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Signature of Prescriber Date

December 2020