

1 Patient information

CONTACT INFORMATION		INSURANCE INFORMATION	
<input type="checkbox"/> DEMOGRAPHICS ATTACHED		<input type="checkbox"/> COPY OF PHARMACY BENEFIT CARD ATTACHED	
PATIENT NAME (FIRST, MIDDLE, LAST)		INSURANCE NAME	PLAN PHONE
DOB (MM/DD/YY)	PHONE	PATIENT ID	RX BIN (<u>REQUIRED</u>)
EMAIL		RX PCN	RX GROUP

2 Choose one InPen™ (patient will select color)
 InPen (Humalog®) **OR** InPen (NovoLog®)

 Pen needles Sterile wipes
 (Based on _____ total number of injections per day)

Note: InPen requires a separate prescription for cartridges:

- Humalog® U100 Cartridges (NDC 00002751659)
- OR
- NovoLog® U100 Cartridges (NDC 00169330312)

3 Specify patient insulin settings (Required before first use of InPen)
CONSTANT

Maximum Calculated Dose _____	U
Duration of Insulin Action _____	hh:mm
Time of Day Settings	OFF
Target Blood Glucose _____	mg/dL
Insulin Sensitivity Factor _____	mg/dL/U
Insulin to Carb Ratio _____	g/U
Be sure to set up your long acting insulin. Go to Settings > Reminders > Long Acting Reminders.	

OR
TIME OF DAY

Maximum Calculated Dose _____	U			
Duration of Insulin Action _____	hh:mm			
Time of Day Settings	ON			
Time of Day	____:____ AM / PM	____:____ AM / PM	____:____ AM / PM	____:____ AM / PM
Target Blood Glucose	____ mg/dL	____ mg/dL	____ mg/dL	____ mg/dL
Insulin Sensitivity Factor	____ mg/dL/U	____ mg/dL/U	____ mg/dL/U	____ mg/dL/U
Insulin to Carb Ratio	____ g/U	____ g/U	____ g/U	____ g/U
Be sure to set up your long acting insulin. Go to Settings > Reminders > Long Acting Reminders.				

4 Review prescribing notes and policies with Patient (on reverse)
5 Sign and fax this form to Companion Medical at 877-444-2373

I certify that I am the prescribing provider identified below and have reviewed all of the order information above and have reviewed the prescribing notes on the back of these orders.

HEALTH CARE PROVIDER SIGNATURE	HEALTH CARE PROVIDER PRINT NAME	DATE (MONTH/DAY/YEAR)	
FACILITY	ADDRESS	CITY	STATE
NPI#	PHONE	FAX	EMAIL

****DO NOT FAX THIS PAGE****

Prescribing Notes:

The InPen System is not intended for anyone unable or unwilling to:

- Check blood glucose (BG) levels as recommended
- Demonstrate adequate carbohydrate counting skills
- Maintain sufficient diabetes self-care skills
- Visit a healthcare provider regularly

Before Prescribing Verify/Review:

- Patient cognitive ability
- Patient familiarity with mobile devices
- Importance of range, alerts, and current time
- Importance of logging all fast-acting insulin and timing
- Crossing time zones / daylight savings time
- Split doses and doses over 30 Units

Policies:

Companion Medical Inc. will acquire from and/or release to the patient's healthcare team, and/or insurance company(s), and/or contracted distributors, and/or product development partners any information required for the purposes of healthcare operations. The patient will be informed of insurance coverage and estimated out-of-pocket expense prior to authorizing any shipment of product or any bills being sent. Below is the Policy for Using and Disclosing Protected Health Information. Companion Medical Customer Support may use this information to provide product support for Companion Medical products and services. Additional policies are posted on Companion Medical's website (including Privacy Policy and Terms of Service).

Policy for Using and Disclosing Protected Health Information

1. **Uses and Disclosures.** Companion Medical, Inc., its employees and its agents, including its distributors, product development partners, and trainers may use and disclose protected health information as described below. Companion Medical may contact me via telephone, mail, e-mail (including unencrypted e-mail), or by other means of communications.
2. **Description of Information.** Protected health information includes, but is not limited to, name and other personal information (including address), information from the InPen Start Orders, medical information, including information about diabetes and related medical conditions, medical records, and financial information (including information about insurance).
3. **Purposes.** Companion Medical may use and disclose protected health information for the following purposes: (a) reviewing, using, and disclosing protected health information to coordinate or arrange delivery of diabetes-related supplies; (b) providing product updates, including regulatory notices relating to existing or future products; and (c) providing information that promotes medical products and/or services.
4. **Expiration.** This policy expires the later of when the patient is no longer a patient of Companion Medical, or ten years after the date of this start order.
5. **Revocation.** Acceptance of this policy may be revoked by sending a written request to Companion Medical, Inc., ATTN: Customer Support, 16486 Bernardo Center Drive, #300, San Diego, CA 92128, however, such revocation will not be effective with respect to protected health information that has already been used and/or disclosed per this policy.
6. **Treatment not Conditioned.** Companion Medical will not deny treatment, products, or service based on acceptance of this policy.
7. **Potential for Redisclosure.** Information disclosed pursuant to this policy may be redisclosed by recipients and may no longer be protected by federal privacy laws.