



Insulin Infusion Pump Supplies Prescription

Mayo Clinic Store

Form content not retained in medical record.

Route to Mayo Clinic Store for electronic storage.

(complete fields or place patient label here)

Patient Name (First Middle Last)
Birth Date (mm-dd-yyyy)
Mayo Clinic or Store Account Number

External Form Users: Complete this document and fax to the Mayo Clinic Store.

Internal Epic Downtime Form Users: Complete this document and fax to the Mayo Clinic Store. Once Epic downtime processes are complete, reenter order into the EHR and send an Epic message to the Mayo Clinic Store's inbasket pool informing them that a duplicated order was created.

Required: Attach patient's current primary, secondary, and tertiary insurance providers and provider-signed clinical documentation verifying medical justification from face-to-face examination.

Order Information

Order Date (mm-dd-yyyy)	Start Date (mm-dd-yyyy)	Need Length <input type="checkbox"/> Lifetime <input type="checkbox"/> Other _____	Qualifying Diagnosis (ICD-10)
Patient Address (Street, City, State, ZIP Code)			Patient Phone

Insulin Pump Infusion Sets

A4224
Supplies for maintenance of insulin infusion catheter. Patient ordered to change sensors every _____ days.

- MMT-242 Infusion Mio Advance; 6 mm Cannula; 23" Tubing; Box/10
- MMT-377 Infusion Silhouette; 17 mm Cannula; 43" Tubing; Box/10
- MMT-378 Infusion Silhouette; 17 mm Cannula; 23" Tubing; Box/10
- MMT-387 Infusion Quick-set; 6 mm Cannula; 32" Tubing; Box/10
- MMT-396 Infusion Quick-set; 9 mm Cannula; 43" Tubing; Box/10
- MMT-397 Infusion Quick-set; 9 mm Cannula; 23" Tubing; Box/10
- MMT-398 Infusion Quick-set; 6 mm Cannula; 43" Tubing; Box/10
- MMT-399 Infusion Quick-set; 6 mm Cannula; 23" Tubing; Box/10
- MMT-864 Infusion Silhouette; 6 mm Needle; 23" Tubing; Box/10
- Other (describe) _____

Approval to Dispense (check one or both)

Approved to dispense resupply every 30 days.

Approved to dispense resupply every 90 days.

Insulin Pump Reservoir

A4225
Supplies for external infusion pump, syringe type cartridge. Patient ordered to change sensors every _____ days.

- MMT-332A MinMed Reservoir; Box/10
- MMT-326A Reservoir; Box/10

Approval to Dispense (check one or both)

Approved to dispense resupply every 30 days

Approved to dispense resupply every 90 days

Referring Provider Information and Signature

Facility	Phone	Fax
Provider Signature ▶	Date (mm-dd-yyyy)	
Provider Printed Name (First Middle Last)	National Provider Identifier	