

Annex C

**Over-The-Counter Self-Care Form
BDAACH Pharmacy Service For
Diabetic Supplies**

- NOTE:** 1. Use of the diabetic supplies self-care program is limited to one time per month. A maximum of 30 day supply will be dispensed.
2. Patient will be referred to a provider if requesting the same supplies within 30 days
3. Diabetes self-care supplies may only be dispensed to patients over the age of 18. Minors will require a prescription.
4. **This program is intended for use by TRICARE Beneficiaries. Non-TRICARE beneficiaries will be billed for services utilized under this program.**

Part 1. PATIENT INFORMATION

Patient Name: _____ **DOB:** _____
(Last Name, First Name, MI)

Phone: _____ **OR Email** _____

Signature: _____ **Date:** _____

Part 2. DIABETIC SUPPLIES SELECTION(S)

- () Lancets [Adult]
- () Alcohol Pads [Adult]
- () Sharps Container [Adult]
- () FreeStyle Lite Blood Glucose Test Strips [Adult]
- () FreeStyle Freedom Lite Blood Glucose Monitoring System - *once in a lifetime*

Affix CHCS/Reflections secondary label below or complete as required to identify patient

[Updated: JUL 2022]