

# Prescription Change Form

Date: \_\_\_ / \_\_\_ / \_\_\_

Dear Dr

I am now using a new **OneTouch Blood Glucose Monitoring System** that uses the **OneTouch Verio® Test Strip** and therefore I would be grateful if you would prescribe new blood glucose testing strips (that will be compatible with my new meter) and new lancets.

## Please find further details below:

- My Date of Birth is: \_\_\_ / \_\_\_ / \_\_\_
- My address is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- My contact telephone number is: \_\_\_\_\_
- Please change my repeat prescription to my new test strips – **OneTouch Verio® Test Strips 50's** [PIP Code 355-2841 // GMS Code 68321].
- I am (still) testing my glucose levels \_\_\_\_\_ number of times per day/week (delete as appropriate) and therefore (still) require \_\_\_\_\_ number of test strips each month.
- Please change my repeat prescription to my new lancets – **OneTouch® Delica® Lancets 200's** [PIP Code 378-3446 // GMS Code 86316].

Yours sincerely,

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

Please tick if you would like these items to be added to your prescription that is collected by the pharmacy (Repeat Prescription Collection Service)