



## HOW TO ENROLL YOUR PATIENT

Serenity Medical  
Diabetes Mail Order Supply Program

### ***SIMPLE - QUICK - EFFECTIVE***

1. Fill out the PATIENT REFERRAL FORM or attach a FACE SHEET with the patients information.
2. Patient must SIGN AND DATE the form to receive supplies
3. Doctor Must SIGN AND DATE (*Stamp Signatures not Acceptable*)

**Fax all completed information to: 1-800-782-0504**

**PENDING INSURANCE VERIFICATION PATIENT'S SUPPLIES WILL BE  
MAILED  
WITHIN THE NEXT 48 HOURS.**

All blanks MUST be filled in and completed.  
Incomplete information will delay the filling of the patients order.

If additional kits are needed for your office,

Please **CIRCLE** how many:      1    2    3

Your ship to address:

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**Thank you for allowing Serenity Medical to be of service.**

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