

Request for a Prescription Change

Name: _____

Postcode: _____ D.O.B: _____

I would like to update my blood glucose monitoring supplies. Please adjust my prescription based on the meter and/or test strips I have selected below.

Blood Glucose Monitoring Meters

☐ **TRUE METRIX AIR**
Blood Glucose Monitoring Meter
PIP Code - 4080214

☐ **TRUE METRIX GO**
Blood Glucose Monitoring Meter
PIP Code - 4080206

Test Strips

☐ **TRUE METRIX Test Strips – 50 ct**
PIP Code - 4075719

☐ **TRUE METRIX Test Strips – 100 ct**
PIP Code - 4117313

