

Rx Outreach[®]

To help you better manage your diabetes we have partnered with a trusted brand to bring you safe, affordable diabetic supplies.

Rx Outreach delivers your diabetic supplies directly to your door - with free shipping and handling!

Below is a description of the products we have included on our program:

Prodigy Preferred[™] Blood Glucose Monitor



- Easy to use-no coding required
- Great for managed and long-term care
- Large, easy-to-read screen
- One button simplicity providing safe, accurate results
- Stores 120 test results with date and time
- Results in approximately 6 seconds
- **One free meter per year**

Prodigy[®] No Coding Blood Glucose Strips



- No coding required-makes the process faster and easier
- Alternate site testing (*finger, palm, forearm*) reduces the pain involved in testing
- Automatically draws blood into the test strip so you can test right the first time
- **\$15 for a box of 50**

Prodigy[®] Twist Top Lancets 28G



- Ultra-fine gauge, a tri-bevel tip makes sampling painless
- Penetrates skin consistently every time
- Universal design fits most lancing devices
- **\$5 for a box of 100 = minimum order 2 boxes for \$10**

Prodigy[®] Control Solution (Low)



- Ensures accurate operable monitoring system
- **\$5 for 1 - 4ml. vial**

Mail Order Form and Payment to:

Rx Outreach
P.O. Box 66536
St. Louis, MO 63166-6536

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1-800-769-3880

www.rxoutreach.org

Diabetic Supplies Order Form					Check to Order
	Prodigy Preferred[™] Blood Glucose Monitor	Qty: 1	Fee: \$0	Total: FREE	<input checked="" type="checkbox"/>
You are eligible to receive one (1) NO-CHARGE meter annually.					
	Prodigy[®] No Coding Blood Glucose Strips (Box of 50)	Qty: —	Fee /Box: \$15	Total: \$___	<input checked="" type="checkbox"/>
	Prodigy[®] Twist Top Lancets 28G (Box of 100) Minimum order 2 boxes Additional boxes of Lancets (box of 100)	Qty: 2	Fee /Box: \$5	Total: \$10	<input checked="" type="checkbox"/>
	Prodigy[®] Control Solution (low)	Qty: —	Fee /Box: \$5	Total: \$___	<input checked="" type="checkbox"/>
Total Order				Total: \$___	<input checked="" type="checkbox"/>

First Name

Last Name

Address

Apt. #

City

State

Zip

Phone Number (____) _____ - _____

Complete this section for new enrollment only (required annually)

Date of Birth --

Gender

Soc. Sec. # (optional) --

Annual Household Income: \$, # in Household

I attest that the information provided in this application is complete and accurate.

(Signature required)

My check or money order, made payable to Rx Outreach, is enclosed.
(Please do not send cash.)

Charge my credit card: Visa MasterCard Discover FSA (Check One)

Credit (check one)
 Debit
Total Amount \$

Expiration Date: -

Credit Card #: ---

I authorize Rx Outreach to charge this credit card for payment.

Name on Card: _____

Card Holder Signature: _____