



**BOIES'**  
**MEDICAL CENTER**  
**PHARMACY**

*Our ONLY focus is your HEALTH.*

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EMAIL: [boiespharmacy@gmail.com](mailto:boiespharmacy@gmail.com)

WEBSITE: [www.boiesrx.com](http://www.boiesrx.com)

Patient Name : \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

**Rx: Please check all that apply and provide refills**

Insulin Lispro or Aspart Vial/Kwikpen Qty: \_\_\_\_\_ Sig: \_\_\_\_\_

Regular Insulin (Humulin R/Novolin R) Qty: \_\_\_\_\_ Sig: \_\_\_\_\_

NPH Insulin (Humulin N or Novolin N) Qty: \_\_\_\_\_ Sig: \_\_\_\_\_

Glargine Insulin (Lantus or Basaglar) Qty: \_\_\_\_\_ Sig: \_\_\_\_\_

Levemir FlexTouch/ Levemir Vial Qty: \_\_\_\_\_ Sig: \_\_\_\_\_

Tresiba FlexTouch or Toujeo Pen Qty: \_\_\_\_\_ Sig: \_\_\_\_\_

Humalog 75/25 or 50/50 Qty: \_\_\_\_\_ Sig: \_\_\_\_\_

Humulin 70/30 or Novolog 70/30 Qty: \_\_\_\_\_ Sig: \_\_\_\_\_

Trulicity 0.75/1.5/3mg Qty: \_\_\_\_\_ Sig: \_\_\_\_\_

Ozempic PFP Qty: \_\_\_\_\_ Sig: \_\_\_\_\_

Syringes or Pen needles Qty: \_\_\_\_\_ Sig: \_\_\_\_\_

Alcohol Pads Qty: \_\_\_\_\_ Sig: \_\_\_\_\_

Test Strips Qty: \_\_\_\_\_ Sig: \_\_\_\_\_

Lancets Qty: \_\_\_\_\_ Sig: \_\_\_\_\_

Glucometer Qty: \_\_\_\_\_ Sig: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature /NPI/DEA

\_\_\_\_\_  
Date

**Free Diabetic Testing supplies every month for Insulin dependent Diabetic or  
Complicated Type 2 Diabetic Patients**

**Fax: (209)634-3839**