

**4D Pharmacy Management Systems
ASCENSIA® (Glucometer) FAX Order Form**

Please complete this form and FAX to: **4-D Pharmacy Management Systems
FAX: (248) 540-9811**

Physician or Group Practice Name: _____

Contact Person: _____

Telephone Number: _____ Date: _____

Account Name: 4-D Pharmacy Management Systems
Address: 2520 Industrial Row Drive
City State Zip: Troy, MI 48084
Telephone: (888) 274-2031

Instrument to be shipped directly to the following patient address:

Patient Name: _____

Health Plan Member ID: _____

Telephone Number: _____

Address: _____

City State Zip: _____

The following instrument will be shipped using two day delivery service:

Ascensia Breeze® or **Ascensia Contour®**
(Please check only one meter)

Check Box if an instructional video should be included:

For Account Name Use:

Bayer Corporation, Customer Order Services Department at 800-248-2637
Fax: 800-876-2243

Form valid through _____ or unless other wise indicated by Bayer Corporation.