

Rx Outreach has partnered with a trusted brand to deliver safe, affordable diabetic supplies directly to your door - with free shipping and handling!

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

#### Prodigy® AutoCode Blood Glucose Monitor



- Easy to use-no coding required
- One button simplicity providing safe, accurate results
- 450-test memory with averaging
- HEAR and see accurate results in 7 seconds in English, Spanish, French, or Arabic
- **One free meter per year**



#### Prodigy® No Coding Blood Glucose Strips

- No coding required-makes the process faster and easier
- Alternate site testing
- **\$15 for a box of 50**



#### Prodigy® Twist Top Lancets 28G

- Ultra-fine gauge, a tri-bevel tip makes sampling painless
- 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**

#### Prodigy® Insulin Syringes



- 28G 12.7mm - 1cc
- 31G 8mm - 1/2cc
- 31G 8mm - 1/3cc
- **\$13 for a box of 100**

#### Mail Order Form and Payment to:

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

**806**








1-888-RXO-1234

[www.rxoutreach.org](http://www.rxoutreach.org)

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## Diabetic Supplies Order Form

Check to Order

Item	Qty	Fee/box	Total	
 <b>Prodigy® AutoCode Blood Glucose Monitor</b>	1	\$0	FREE	
You are eligible to receive one (1) <b>NO-CHARGE</b> meter annually.				
 <b>Prodigy® No Coding Blood Glucose Strips (Box of 50)</b>	—	\$15	\$—	
 <b>Prodigy® Twist Top Lancets 28G (Box of 100)</b> <b>Minimum order 2 boxes</b>	2	\$5	\$10	
<b>Additional boxes of Lancets (box of 100)</b>	—	\$5	\$—	
 <b>Prodigy® Control Solution (low)</b>	—	\$5	\$—	
 <b>*Prodigy® Insulin Syringe 28G 12.7mm - 1cc (box of 100)</b>	—	\$13	\$—	
 <b>*Prodigy® Insulin Syringe 31G 8mm - 1/2cc (box of 100)</b>	—	\$13	\$—	
 <b>*Prodigy® Insulin Syringe 31G 8mm - 1/3cc (box of 100)</b>	—	\$13	\$—	
<b>TOTAL ORDER</b>			<b>\$—</b>	

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: \_\_\_\_\_

**\*See reverse for purchase instructions for all syringes.**

## **Purchase Instructions for insulin syringes**

When purchasing insulin syringes from Rx Outreach, you affirm these insulin syringes are intended to be used for the treatment of diabetes or for another legitimate purpose.

If you reside in one of the below listed states, the following regulations will apply:

### **ME, NH**

Insulin syringes/needles are only available in boxes of 100. These states will require a prescription to order syringes/needles. You must provide Rx Outreach a prescription prior to us processing your order. Your doctor may provide us with a prescription via e-prescribing or faxing directly from his/her office to 800-875-6591. You may also mail you prescription directly to us at Rx Outreach, P.O. Box 66536, St. Louis, MO 63166-6536.

A copy of a valid photo I.D. is required for identification and/or to provide proof of legal age. Examples of a valid photo I.D. are: a driver's license or a state I.D. card.

### **CT, IL, NJ, NY, US Virgin Islands**

Insulin syringes/needles are only available in boxes of 100. These states will require a prescription to order syringes/needles. You must provide Rx Outreach a prescription prior to us processing your order. Your doctor may provide us with a prescription via e-prescribing or faxing directly from his/her office to 800-875-6591. You may also mail you prescription directly to us at Rx Outreach, P.O. Box 66536, St. Louis, MO 63166-6536.

### **DE, FL, IN, KY, MA, MD, SC, VA**

A copy of a valid photo I.D. is required for identification and/or to provide proof of legal age. Examples of a valid photo I.D. are: a driver's license or a state I.D. card.

### **CA, NV**

A prescription is required unless for use in the treatment of diabetes or other legitimate purpose. If you are ordering syringes/needles for the treatment of diabetes or other legitimate purpose, Rx Outreach requires a statement of necessity from your physician prior to processing your order.