

MEDICARE REQUIREMENT

PLEASE SIGN THE DELIVERY SLIP AND RETURN IN THE PROVIDED PRE-ADDRESSED ENVELOPE
MAIL TO: 3280 HWY 69 SUITE 11 HAYESVILLE NC 28904


IF YOU WOULD LIKE TO EMAIL THE DELIVERY SLIP TO US PLEASE SEND TO:

Customer.Care@4leafcloverdiabetics.com

<http://www.4LeafCloverDiabetics.com>

If you have any problems please call us at: 828-389-9777

Or the Toll-Free number: 888-777-3203



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- 1. STOP - DO NOT PRESS ANY BUTTONS!!**
Your Meter is preset
- 2. Put Strip in Top of Meter** – With the silver code strip down.
- 3. Draw Blood** - Put VERY Small Amount of Blood on Strip
- 4. Within Seconds** - the results.



FOUR LEAF CLOVER, INC.

A National Diabetic Supplier



Customer.Care@4leafcloverdiabetics.com
 3280 Hwy 69 Ste 11 Hayesville NC 28904-6953

Name: _____

Download your copy of the logbook now on our website! www.4leafcloverdiabetics.com

Address: _____

Last 4 of SSN#: _____

BLOOD SUGAR LOGBOOK								MONTH:
DATE	Breakfast		Lunch		Dinner		Bed	YEAR:
	Before	After	Before	After	Before	After		
1								Comments:
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31								
								AVERAGE

Per Medicare we are required to keep a log book /the doctor's records pertaining to your diabetes in your patient file. Please fill out log ACCORDING TO THE NUMBER OF TIMES YOUR DOCTOR HAS SPECIFIED FOR YOU TO TEST DAILY – if your testing is different than what the doctor has specified, CALL US... WE WILL HELP YOU!
 Mail or Fax to: 704-353-7879 or email it to: Customer.Care@4leafcloverdiabetics.com