

# Assistance Application

MEDPro,LLC carries a trusted brand to deliver safe, affordable diabetic supplies directly to your door

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 Monitor per year



### Prodigy® No Coding Blood Glucose Strips

- No coding required-makes the process faster and easier
- Alternate site testing



### Prodigy® Twist Top Lancets 28G

- Ultra-fine gauge, and a tri-bevel tip makes sampling painless
- Universal design fits most lancing devices



### Prodigy® Control Solution (Low)

- Ensures accurate operable monitoring



### Prodigy® Insulin Syringes

- 28G 12.7mm-1cc



### Prodigy® Lancing Device

- This lancing device is light weight and has a highly portable design
- Compatible with most standard lancets

#### Mail Order Form to:

MEDPro,LLC  
10636 N. Government Way Suite B  
Hayden Lake, ID. 83835  
1-866-753-9988 X 7  
Fax# 208-762-3134 Email to: diabetic@medprollc.net  
www.medprollc.com

#### Instructions:

Please include copy of picture ID. When mailing form.

**By signing this enrollment/order form you agree to a \$20.00 monthly membership fee.**

When purchasing insulin syringes from MEDPro,LLC you affirm these insulin syringes are to be used for the treatment of diabetes or for other legitimate purpose. MEDPro,LLC is not responsible for any factory defects on products from manufacture.

## Diabetic Supplies Order Form

Item	Qty	Cost	Total	Order
Prodigy® AutoCode Blood Glucose Monitor (\$8 Replacement cost)	1	\$0	Free	
Prodigy® No Coding Blood Glucose Strips (Box of 50)		\$4		
Prodigy® Twist Top Lancets 28G (Box of 100)		\$1		
Prodigy® Control Solution (LOW)		\$2		
Prodigy® Insulin Syringes 28G 12.7mm-1cc (Box of 100)		\$12		
Prodigy® Lancing Device		\$2		

**TOTAL \$**

\$ \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Complete this section for new enrollment only (required annually)

Date of Birth:   -   -

Annual Household Income: \$ \_\_\_\_\_ Number In Household: \_\_\_\_\_

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

(Signature Required) \_\_\_\_\_ Date: \_\_\_\_\_

Charge my credit card:  Visa  MasterCard  Discover

Card#

Expiration Date:   /    Credit (Check one)

Debit

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

I authorize MEDPro,LLC to charge this card for payment.

Name on card: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

USPS Priority mail postage will be added to total of order.

Office use only: