

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
1-866-478-4481 X 6
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: Rx-Med-Assist