



**Bayer HealthCare**  
Diabetes Care

**FAX ORDER FORM**

To: **4-D Pharmacy Management Systems** Fax: **(248) 540-9811**  
From: Date:  
Re: **Meter Request** Pages:  
Cc:

Physician or Group Practice Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

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

Meter will be shipped directly to the following patient address:

Patient Name: \_\_\_\_\_  
Health Plan Member ID: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

The following meter will be shipped using two-day delivery service (check only one):

- BREEZE® 2 (Blue)       CONTOUR® (Blue)       CONTOUR® (Purple)       CONTOUR® (Green)

**For Account Name Use: Bayer HealthCare LLC, Diabetes Care, Customer Order Services Department**  
**Phone: 877-229-3777 / Fax: 800-876-2243**

Attention!!! This fax is privileged and/or confidential information that is intended solely for the person(s) to whom it is addressed. If you are receiving this fax in error, please destroy it immediately and contact the sender by return fax.