

INSULIN ORDERS FORM		
DIABETES PROGRAM:		
PHONE NUMBER:		
FAX NUMBER:		

Patient Name: Address: Telephone: Health Card Number:	City:	DOB (dd/mm/yy): Postal Code: Language Barrier:	
Insulin Regimen (subcutaneous)	Insulin Type	Adjustments	
Daily Basal Starting/Current dose:units at bedtime ORunits at Units at Weekly Basal Starting/Current dose: 70 units if insulin naïve ORunits once weekly	Glargine biosimilar (Basaglar®) Glargine biosimilar (Semglee®) Glargine (Lantus®) Glargine U300 (Toujeo® SoloSTAR) (1.5ml 300u/ml pen) Glargine U300 (Toujeo® DoubleSTAR) (3.0 ml 300u/ml) Degludec U100 (Tresiba®) Degludec U200 (Tresiba®) Icodec U700 (Awiqli®) 1.5 ml	Adjust insulin dose by 1-2 units daily or up to 20% prn to achieve fasting targets of 4-7 mmol/L or individual target of: If using Tresiba: Adjust insulin dose by 2 units or up to 20% q 3-4 days to achieve fasting targets of 4-7 mmol/L or individual target of: Notes: Adjust insulin dose by 20 units weekly to achieve fasting targets of 4-7 mmol/L, based on the last 3 days of fasting glucose readings or individual target of: Notes:	
Intermediate Acting Starting/Current dose: units at	□ NPH (Humulin®N)	Adjust dose byunits (or up to 40%*) everyto achieve fasting targets of 4-7 mmol/L and 5-10 mmol/L 2 hr pc meals or individual target of:(*more aggressive titration may be required to manage steroid induced DM) Notes:	
Bolus Starting/Current doses: units ac breakfast units ac lunch units ac supper As per pump settings	Glulisine (Apidra®) Aspart Ultra Rapid (Fiasp®) Aspart (NovoRapid®) Aspart biosimilar (Trurapi®) Aspart biosimilar (Kristy®) Lispro U100 (Humalog®) Lispro U200 (Humalog®)	Adjust insulin dose by 1-2 units or up to 20% prn to achieve fasting targets of 4-7 mmol/L and 5-10mmol/L 2 hr pc meals or individual target of: Notes:	
Other: Starting/Current doses: units ac breakfast units ac supper	☐ Lispro biosimilar (Admelog®) ☐ Insulin:	Adjust insulin dose by 1-2 units or up to 20% prn to fasting targets of 4-7 mmol/L and 5-10mmol/L 2 hr pc meals or individual target of: Notes:	
☐ Discontinue the following medications:			
☐ Additional notes:			
Authorize Certified Diabetes Educator to reduce the secretagogue dosage accordingly to avoid hypoglycemia Authorize Certified Diabetes Educator to adjust carb/insulin ratios and correction factors for self management of insulin therapy Authorize Certified Diabetes Educator to dispense insulin samples for teaching and financial need Authorize RD to take blood samples by skin pricking for teaching/monitoring capillary BG Authorize Certified Diabetes Educator to order blood glucose or A1c for assessment and evaluation of glycemic control AUTHORIZING PHYSICIAN INFORMATION			
Signature:	Date:	Time:	
Print Name:		Ph#:	
Address (or stamp):		Fax#:	