



Diabetes Care Center Physician Referral Form

FAX COMPLETED FORM TO:
DIABETES CARE CENTER
FAX (317) 621-2676
PHONE (317) 621-2677

Community Medical Pavilion
8501 E. 56th St. Suite 130
Indianapolis, IN 46216

REFERRAL DATE APPT. DATE TIME

PATIENT'S RECENT HGBA1C DATE: RESULT:

NAME
ADDRESS
CITY STATE ZIP
PHONE # ALT#

INSURANCE

REMIN D PATIENT TO CHECK ON INSURANCE COVERAGE

NEW DIABETIC Y N SELF MONITORS GLUCOSE Y N
ORAL AGENT INSULIN
EDUCATION NEEDS:
DIABETES CLASSES INDIV. ASSESSMENT GEST. DM DIET ONLY
INSULIN START SYMLIN START BYETTA START INSULIN PUMP EVAL
BEHAVIORAL ASSESSMENT/LIFESTYLE CHANGES PROGRAM
ADMISSION CODES:
TYPE 2 UNCONTROLLED - 250.02 DIABETES WITH CHRONIC RENAL FAILURE - 250.40
TYPE 1 UNCONTROLLED - 250.03 CHRONIC RENAL FAILURE - 586.0
IMPAIRED FASTING GLUCOSE - 790.21 METABOLIC SYNDROME - 277.9
GESTATIONAL DM - 648.83 DIABETES WITH PREGNANCY - 648.0
OBESITY - 278.0 HIGH CHOLESTEROL - 272.2
\*M.D. Name (Printed) M.D. Signature
PHONE # FAX#

DATE SCHEDULED DATE INFO. SENT

NOTES

ACCOUNT # MED. RECORD #

\*PHYSICIAN OFFICES PLEASE FILL OUT THE BOXED AREAS AND SIGNATURE LINE.
PLEASE FAX TO THE DIABETES CARE CENTER @ 621-2676\*