



Diabetes Education Center Physician Order Form

Instructions:

1. To schedule an appointment, patients should contact the Scheduling Department at (303) 360-3770.
2. This form must be completed for patients participating in Diabetes Education and must be included in the patient's chart. Please keep a copy in the patient's file.
3. Please instruct patients to **bring this order form** with them on their date of service. If the patient does not bring a copy, we will be contacting your office for a copy.

Date: _____

Patient Information:

Name: _____ D.O.B.: _____
(First) (Middle) (Last) (MM/DD/YY)

Address: _____
(Street) (City) (State) (Zip) (County)

Home Phone: _____ Work/Cell Phone: _____

Required Information:

Diagnosis: Type 1 Type 2 Gestational Other _____

****REQUIRED: THIS SECTION MUST BE COMPLETED TO VALIDATE ORDER****

1. Diabetes Education needed: Initial Follow-up
2. Please indicate number of education hours needed:
 - 5 hours – Type 2 DM Core Curriculum (Core Diabetes Education: Diabetes overview & pathology, basics of nutrition, evaluating diabetes control (SMBG), medications, chronic complications sx: high and low blood glucose, complications, basics of exercise, foot care, effects of stress on B6).
 - 2 hours – Gestational DM Core Curriculum
 - Other (please specify hours and topic(s) to be covered): _____
3. Patient should receive: Group Education Individual Education

Physician Signature: _____ **Date:** _____

Print Physician Name _____ **Office Phone:** _____

**Physician Signature on this form constitutes a valid order for this service.
This form must accompany patient at the time of service in lieu of a physician script.**