



The Diabetes Center
Specialty Services Pavilion, Level 1
43rd and Emile St.

Phone: **402.559.8700**
Fax: **402.559.5080**

Appointment Date: _____ MR#: _____

Patient Name: _____ DOB: _____

Best Phone Number to Reach Patient: _____

Insurance: _____

- Most insurance policies and Medicare have benefits for DSMT coverage

Physician Name: _____

•• Please mark the following orders, have MD sign and fax to 402-559-5080

Diabetes Diagnosis:

- Type 1 Type 2 Gestational Diabetes (# of Weeks) _____

Diabetes Medications: please specify type, dose and frequency

ORAL	INSULIN
_____	_____
_____	_____
_____	_____

Special Needs:

- Vision Hearing Language Cognitive Physical

Blood Glucose Meter: Patient has (Type: _____) Patient needs

•• Please specify session below

Group Sessions:

- Type 2 Class
 Weight Loss Class
 Gestational Class
 Spanish Gestational Class
 Carbohydrate Counting Class

Individual Sessions:

- Insulin Start
 Meal Planning
 Exercise Specialist
 Medical Nutrition Therapy _____

Please fax the following lab work from within last year to 402-559-5080

(if lab was not completed at a Nebraska Medicine clinic or facility)

- Lipid panel Hemoglobin A1C Urine Albumin/Creatinine Ratio _____

Physician Signature: _____ Person Completing Form: _____

Office Phone: _____ Office Fax : _____