THE NEBRASKA MEDICAL CENTER

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
☐ Nutrition Class
☐ Insulin Class
☐ Diabetes Prevention Class

Individual Sessions:

☐ RN/Insulin Start/other individual needs
☐ RD/Meal Plan
☐ Exercise Physiologist

Please fax the following lab work from within last year to 402-559-5080
(if lab was not completed at The Nebraska Medical Center or Bellevue Medical Center)

☐ Lipid panel ☐ Hemoglobin A1C ☐ Urine Albumin/Creatinine Ratio ____

Physician Signature: _____ Person completing form: _____

Office Phone: _____ Office Fax : _____