



Diabetes & Endocrinology  
Center  
Ph. 402-559-8700  
Fax 402-559-5080

Mailing Address  
Diabetes & Endocrinology Center  
984100 Nebraska Medical Center  
Omaha, NE 68198-4100

ATTN: \_\_\_\_\_

FAX: \_\_\_\_\_

PATIENT INFORMATION			
First Name	Last Name	DOB	Best Contact #
Alt. Contact & Relation to Patient		Alt. Contact Ph.	
REFERRING INFORMATION			
Referring Physician	Direct Ph.	Fax	
ADDITIONAL INFORMATION			
<u>Referring Endocrine Diagnosis(es):</u>			
<u>Rule out Endocrine issue?</u>			
<u>PRIORITY</u>		<u>Type 1 Diabetes</u>	
<input type="checkbox"/> Urgent <input type="checkbox"/> Next available <input type="checkbox"/> Telehealth visit ok?		<input type="checkbox"/> New diagnosis? <input type="checkbox"/> Transition of care?	

PATIENT RECORDS & DIAGNOSTIC IMAGING STUDIES
<p><b><u>Please fax this completed form &amp; the following records to</u></b>          ATTN: DIAB &amp; ENDO REFERRAL, NEW PATIENT Scheduler 402-559-5080</p> <p><b><u>Please mail discs or push images to NEBRASKA MEDICINE</u></b>          Diabetes &amp; Endocrinology Center          ATTN: New Patient Scheduler          984100 Nebraska Medical Center          Omaha, NE 68198-4100</p> <p> <input type="checkbox"/> Patient demographics sheet  <input type="checkbox"/> Copies of insurance cards (or notify patient to bring to appt)  <input type="checkbox"/> Last 3 sets of labs  <input type="checkbox"/> Last 3 office notes relevant to diagnosis  <input type="checkbox"/> Relevant images pushed or mailed CD         </p>