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Mary & Dick Allen Diabetes Center

PHYSICIAN REFERRAL FORM

520 Superior Ave. Suite 150
Newport Beach, CA 92663
Phone: (949) 764-8065
Fax: (949) 642-7703

Patient Name: _____ DOB: _____ ☐ Female ☐ Male

Patient's Preferred Number: (____) ____ - _____ Alternate Number: (____) ____ - _____

Insurance Type: _____ ***If patient has HMO, authorization is required.***

SPECIFIC DIABETES CARE SERVICES

☐ Diabetes Self-Management Training (DSMT) **and** Medical Nutrition Therapy (MNT)
☐ Medical Nutrition Therapy with Registered Dietitian
☐ Insulin Initiation and Instruction: Regimen is for ☐ 1 or ☐ 2 Types of Insulin
Insulin Type: _____ Dose: _____ Frequency: _____
Insulin Type: _____ Dose: _____ Frequency: _____
☐ Insulin Pump Start and Training
☐ Instruction on Individualized Insulin: carbohydrate ratios, insulin correction factor, carbohydrate counting
☐ Medical Consultation by Endocrinologist and Co-Management of Diabetes with PCP

DIAGNOSIS (ES): Required for services.

☐ T2DM: ☐ Complications (please list): _____
☐ T1DM: ☐ Complications (please list): _____
☐ Impaired Fasting Glucose
☐ Metabolic Syndrome
☐ CKD (details): _____
☐ Other Diagnosis: _____

Please provide patient with prescription for blood glucose meter and monitoring supplies PRIOR to a visit with us.

LABS: Must provide one of these diagnostic criteria for Medicare DSMT or MNT Eligibility Criteria.

• FBG ≥ 126 mg x 2 tests: FBG: _____ Date: _____ FBG: _____ Date: _____
• 2 hr OGTT ≥ 200 mg x 2 tests: 2 hr OGTT BG: _____ Date: _____ 2 hr OGTT BG: _____ Date: _____
• Random BG ≥ 200 mg x 1 test with symptoms of uncontrolled diabetes: Random BG: _____
Symptoms: _____
A1C: _____ T-Chol: _____ LDL-C _____ HDL-C: _____ TG: _____ GFR: _____ BP: _____ Other: _____

***** Please attach insurance card (front and back), relevant labs, and other pertinent information*****

Physician Information

Physician Name (print): _____ Phone Number: _____
Address: _____ NPI: _____
Signature: _____ **Date**: _____ **Time:** _____

PLEASE FAX THIS REFERRAL TO (949) 642-7703

DIABETES PHYSICIAN REFERRAL ORDER
PS 3364 Rev 10/06/15

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