

## 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  $\geq$  126 mg x 2 tests: FBG: \_\_\_\_\_ Date: \_\_\_\_\_ FBG: \_\_\_\_\_ Date: \_\_\_\_\_  
 • 2 hr OGTT  $\geq$  200 mg x 2 tests: 2 hr OGTT BG: \_\_\_\_\_ Date: \_\_\_\_\_ 2 hr OGTT BG: \_\_\_\_\_ Date: \_\_\_\_\_  
 • Random BG  $\geq$  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

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