

## Outpatient Order Form

Please fax signed order, labs, insurance cards and demographics to: 602.798.0775

Patient's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Insurance: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone # 2: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Plan of Care: (Check all that apply)

**Diabetes Self-Management Training (DSMT 10 hours)** - If requesting less hours, please specify \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Type 2 w/o complications (E11.9) | <input type="checkbox"/> Type 1 w/o complications (E10.9) |
| <input type="checkbox"/> Type 2 w/ hyperglycemia (E11.65) | <input type="checkbox"/> Type 1 w/ hyperglycemia (E10.65) |
| <input type="checkbox"/> Other: _____                     |   |

- ☐ Pre Diabetes (R73.09) / Impaired Glucose Tolerance (R73.02) [Criteria: FBS >100, <126; 2 hr GTT 140-199 mg/dL]
- ☐ Insulin Therapy Initiation / Adjustment Diabetes Educator will assess glycemic control and follow protocol for insulin adjustments.
- ☐ Insulin Pump Start / Assessment
- ☐ CGMS (Continuous Glucose Monitoring System) Diagnostic assessment / training
- ☐ Gestational Diabetes - (024.41)

### MEDICARE CRITERIA: Provider confirms one of the following is met.

- ☐ FBS > 125 mg/dL on two different occasions (*attach lab results*)
- ☐ Random / Two-hour post glucose challenge > 199 mg/dL on two different occasions (*attach lab results*)
- ☐ Hemoglobin A1C greater than 6.4%

### Medications and Limitations:

Oral agent - dose: \_\_\_\_\_  
Insulin - dose: \_\_\_\_\_  
Recent Hemoglobin A1c: \_\_\_\_\_ Date: \_\_\_\_\_ Patient's primary language (if not English): \_\_\_\_\_  
Patient cannot effectively learn in a group setting due to: ☐ Cognitive Deficiency ☐ Blindness ☐ Hearing loss ☐ Low Literacy  
☐ Other: \_\_\_\_\_

*I certify that I am managing the beneficiary's diabetes and the training described below in the plan of care is needed to ensure therapy compliance or to provide the beneficiary with the skills and knowledge to help manage the beneficiary's diabetes.*

Physician / Licensed Provider Signature: _____	Date/Time: _____
Printed Name: _____	Clinic phone #: _____ Fax #: _____

#### Diabetes Self-Management Training based on individual needs:

- Regular group classes** are 2 hours each session. Topics covered include:
  - Class 1: Diabetes overview, monitoring, medications, emotions
  - Class 2: Nutrition, pattern management
  - Class 3: Exercise, low blood sugar, emergency care, more nutrition
  - Class 4: Sick day care, prevention of long-term complications, foot care, resources and goals
- Pre & Post class visits:** 1:1 30-60 min

Place Patient Identification Label Here