



Outpatient Order Form

Please fax signed order, labs, insurance cards and demographics to: 702.616.4977

Patient's name: _____ DOB: _____ Insurance: _____

Phone #: _____ Phone # 2: _____ E-mail: _____

Plan of Care: (Check all that apply)

Diabetes Self Management Training		If requesting fewer hours, please specify _____
Type 2 w/o complications (E11.9)	Type 1 w/o complications (E10.9)	
Type 2 w/ hyperglycemia (E11.65)	Type 1 w/ hyperglycemia (E10.65)	
Other: _____		
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		
Medical Nutrition Therapy		
Pre Diabetes (R73.09) / Impaired Glucose Tolerance (R73.02) [Criteria: FBS >100, <126; 2 hr GTT 140-199mg/dL]		
Other: _____ (Need ICD 10)		

MEDICARE CRITERIA: Provider confirms one of the following is met.
FBS > 125 mg/dL on two different occasions (<i>attach lab results</i>)
Random / Two hour post glucose challenge > 199 mg/dL on two different occasions (<i>attach lab results</i>)
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: <input type="checkbox"/> Cognitive Deficiency <input type="checkbox"/> Blindness <input type="checkbox"/> Hearing loss <input type="checkbox"/> Low Literacy
<input type="checkbox"/> 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:
1. 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
2. Pre & Post class visits: 1:1 30-60 min

Place Patient Identification Label Here
