



**Center For Diabetes Nutrition Education
Physician Order**

Patient Name: Saurish Biswas DOB: 10/31/1985 Home phone: _____
 Address: 2349 Promenade Blvd. City: Montgomery Zip: 36104 Work Cell: 424-203-9005
 Insurance: United Healthcare

Reason for Referral: (Please check appropriate box and ADD Diagnosis Code)

- ☐ Diabetes Type 1
☒ Diabetes Type 2 new onset
☐ IGT
- ☐ Metabolic Syndrome
☐ Gestational Diabetes
☐ Other

Is patient newly diagnosed? ☒ YES ☐ NO

Complications/Comorbidities:

- ☐ Hypertension ☒ Dyslipidemia ☐ Neuropathy ☐ Nephropathy
☐ Renal Disease ☐ CHF ☐ Pregnancy ☐ Other:

Diabetes Programs:

- ☒ Comprehensive Diabetes Management Program
☐ Diabetes Nurse only
☐ Dietary component of diabetes education only
- ☐ Intensive Insulin Therapy Class (MDI/Pump)
☐ Gestational Diabetes Education
☐ Insulin Pump Training

Diabetes Medications:

Insulin regimen: _____

Oral Agents: metformin 500mg BID

Labs: Result of last HgbA1C: 12.4 Date: 10/15/2021
 Current Glucose: 349 ☐ FBS ☐ 2Hrpp ☒ Random Date: 10/15/2021

Specific considerations for MEDICARE patients:

- ☐ 2 Hours Annual Review (For the Medicare patient that has already had their initial diabetes education)
☐ Group Education ☐ Individual Education * You must indicate reason for individual education:
☐ Vision ☐ Hearing ☐ Cognitive ☐ Language ☐ Literacy ☐ Other:

Non-Diabetes related diet counseling for diagnosis: _____ CODE: _____

Extra Classes: ☒ Cholesterol ☐ Pre-Diabetes ☐ HTN ☐ WT LOSS

This American Diabetes Association recognized Diabetes Education Program has been prescribed as medically necessary and integral to the care of my patient. The Plan of Care is needed to provide this patient with the skills and knowledge to help manage their diabetes.

Physician Signature: J. Branton, CRP Date/Time: 10/18/2021 1520

Location: Center for Wellbeing 4371 Narrow Lane Road, Suite 200, Montgomery, AL. 36116
 Phone: 334-747-7700 Option #1 Fax: 334-747-7728

