



**REFERRAL REQUEST**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Diabetes:     Type 1                       Type 2  
                  Gestational                 Other

Diagnosis: \_\_\_\_\_

Referring Physician (Please Print): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

**Benefits of a Diabetes America Program:**

- \* ***Comprehensive Diabetes Program***
- \* ***Superior Clinical Results***
- \* ***Treatment Plan Communicated to Patient and Primary Care Physician***
- \* ***Individual & Group Diabetes Education***
- \* ***State-of-the-Art Treatment Options***
- \* ***Patient Focused Care***
- \* ***Relaxing Environment***
- \* ***Convenient Community Locations***

**Center Location: (See map on back)**

- Las Colinas     Plano

**Treatment Options:**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>(Evaluate &amp; Treat)</b><br>(Includes nutritional counseling & diabetes education) | <input type="checkbox"/> <b>Continuous Glucose Monitoring</b> |
| <input type="checkbox"/> <b>New Insulin Start</b>  | <input type="checkbox"/> <b>Insulin Pump Therapy</b>          |
|  | <input type="checkbox"/> <b>Intensive Insulin Therapy</b>     |

**Services:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Diabetes Treatment</b> | <input type="checkbox"/> <b>Nutritional Counseling</b> | <input type="checkbox"/> <b>Self Management Education</b> |
| <input type="checkbox"/> <b>Retinal Eye Exam</b>   | <input type="checkbox"/> <b>Metabolic Testing</b>      | <input type="checkbox"/> <b>Guardian RT Initiation</b>    |

Initial Diabetes America Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please fax your referral, a copy of the patient's insurance card(s) and recent lab work results to 832-237-0200. We will contact your patient to schedule an appointment. You may also call 1-866 MY DIABETES (866-693-4223) or visit us online at [www.DiabetesAmerica.com](http://www.DiabetesAmerica.com) to make a referral, schedule an appointment, or view a map of our locations.

***(To reorder more Referral Request forms, please contact 832-237-3500)***

**Directions to Las Colinas/Irving Health Center:** From I-635 East [Lyndon B Johnson Fwy.] at Exit 30. Take Ramp (Right) onto Lyndon B Johnson Fwy., Go about 0.4 Miles ,Turn Left (South-West) onto Valley View Ln., Go about 0.4 miles, road name changes To SR-161[Valley View Ln.] Go about 0.9 miles, turn left (South) onto North MacArthur Blvd., Go about 0.6 miles, turn left (East) onto W Royal Ln., [Royal Ln W] go about 0.3 miles. Immediately turn left onto MacArthur Blvd.; arrive at **6750 N. MacArthur Boulevard, Irving, Texas, 75039** Phone: **1-866-MY DIABETES (1-866-693-4223)** Fax: **832-237-0200**

**Directions to Plano Health Center:** From I-635 South [Lyndon B Johnson Fwy.] Exit 19C. Go about 0.4 miles, make a left onto South Coit Road go about 1.9 miles, road name changes to Local Road South. Go about 21 yds. road name changes to North Coit Road, go about 4.1 yds., road name changes to FM-3193 [Coit Road]. Go about 0.6 miles, road name changes to Coit Road. Go about 21 yds. Keep straight onto FM-544 [Coit Road] Go about 0.3 miles; arrive at **1708 Coit Road, Plano, Texas, 75075** Phone: **1-866-MY DIABETES (1-866-693-4223)** Fax: **832-237-0200**

