



DIABETES CONTROL CENTER

1963 Memorial Parkway SW • Huntsville Hospital Medical Mall • Suite 18 • Huntsville, Alabama 35801

MEDICARE DIABETES PREVENTION PROGRAM REFERRAL

Fax referral to (256) 265-3073 Any questions call (256) 265-3178

Patient Information	
Name	Address
Gender	City
Birth date (mm/dd/yy)	State
Email	ZIP code
Preferred method of contact	Phone
Preferred time to contact	Health Insurance
Health Care Provider Information	
Physician/NP/PA name	Address
Practice Name	City
Phone	State
Fax	ZIP code

Health Care Provider Signature _____ # _____ Date: _____ Time _____
 Health Care Provider Name (Printed) _____

Please check diagnosis:		
<input type="checkbox"/> R73.03 Prediabetes		
Referral eligibility information:		
<u>Criteria</u>	<u>Reference range</u>	<u>Result</u>
<input type="checkbox"/> Body Mass Index (BMI)	Eligibility = ≥ 25 (≥ 23 if Asian)	_____
<input type="checkbox"/> Blood test		
• Hemoglobin A1C	5.7-6.4%	_____
• Fasting plasma glucose	110-125 mg/dL	_____
• 2-hour oral glucose tolerance test	140-199 mg/dL	_____
Date of blood test (mm/dd/yy): _____		
<input type="checkbox"/> History of Gestational Diabetes		
Date: _____ Patient or representative signature: _____		

Patient Label

