

Core Clinical Care Diabetes and Education Center

A Division of Apple Discount Drugs

FAX 410-860-1155 PHONE 410-749-8401

**Patient Referral Cover Sheet**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please schedule a meeting with the above individual for diabetes self-management education.

I have included the following information:

\_\_\_\_\_\_\_ Signed and completed referral form with diagnosis code

\_\_\_\_\_\_\_ Most recent patient encounter notes

\_\_\_\_\_\_\_ Most recent blood work

Special comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-Please fax this form with all supporting data to the above number-



Community Pharmacy Foundation | GTwigg - Grant #143 | <http://www.communitypharmacyfoundation.org/grants/grants_list_details.asp?grants_id=70981>