BETTER HEALTH
Better Life. Better Community.

Diabetes Referral Form

1422 Bragg Boulevard
Fayetteville, NC 28301
Phone: (910) 483-7534
FAX: (910) 483-2157

Please complete all categories **Date of Referral:**_____

Name of Client _____
First MI Last

Phone Number _____ **Date of Birth** _____

Referring Physician _____ **Physician Fax**:_____ (for updates)

Contact info for referring provider:_____

Please check off the needs you would like for us to address:

____ General DM Education	____ Blood sugar monitoring	____ Glucometer training
____ General Nutrition	____ Diabetic supplies	____ Med Admin Education
____ Injection Technique	____ Carb Counting	____Other: _____

We will reach out to the client and provide you with a status update for your records.

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