

# Diabetes360 Patient Referral Request

Today's Date: \_\_\_\_\_

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

Patient Date of Birth: \_\_\_\_\_

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

Diagnosis:  Type 1  Type 2  Gestational

Other \_\_\_\_\_

Please share any information that may be helpful in our evaluation of your patient.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Providing specialized diabetes care with the latest treatments and technologies plus screening and diabetes education for your patients.*

## Your Treatment Recommendations (optional)

- Comprehensive program (Evaluate & Treat) — includes diabetes self-management education
- Continuous glucose monitoring (CGM)  Intensive insulin therapy
- New insulin start  Screenings such as ABI & Retinal
- Insulin pump therapy

## Indicate location where an appointment should be scheduled:

<input type="checkbox"/> Arlington/Ft. Worth	<input type="checkbox"/> Irving/Las Colinas	<input type="checkbox"/> Plano
<b>Renela Suller, MD</b> <b>Sharain Adams, NP</b>  1100 Orchard Dr. Suite A Arlington, TX 76012 Phone: 817-472-8180 Fax: 651-367-0240	<b>Paul Lyde, MD, CDE</b> <b>Renela Suller, MD</b>  6420 N. MacArthur Blvd Suite 130 Irving, TX 75039 Phone: 972-402-8300 Fax: 972-373-0700	<b>Rosemarie Lajara, MD</b> <b>Renela Suller, MD</b>  3801 W. 15th Street Plano Medical Pavilion, Bldg A Suite 214 Plano, TX 75075 Phone: 469-467-0400 Fax: 210-610-3640

## Referring Provider Information:

Please provide your information so we can keep you updated on your patient's progress.

Referring Physician: \_\_\_\_\_ Specialty: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

This document contains patient-sensitive information. Exercise extreme care and take all necessary steps to keep this information secure and confidential.

Fax Number: \_\_\_\_\_