DRC
Diabetes Resource Center

To make a referral to the Diabetes Resource Center for diabetes self-management, education and development please fill out the following information and fax to 574-247-6060.

Date of Referral _____

Reason for Referral _____

Person Making Referral _____Title _____

Patient Name _____DOB _____

Patient Address_____

City _____State_____ZIP _____

Contact Phone(s) _____

Insurance _____

Physician _____Phone _____

Address/Facility _____

Diagnosis _____Date of Diagnosis _____

Current Medication _____

_____

Medication Allergies _____

Other _____

Labs
Date _____Blood Glucose_____ mg/dL
Date _____HbA1c_____%
Date _____Cholesterol_____
Date _____HDL_____LDL _____
Date _____Triglycerides_____

_____ _____
Signature of Referring Physician Date

Diabetes Resource Center
6910 N. Main Street, Building 9 - Mail Unit #10 Granger, Indiana 46530 Phone 574-247-6047 Fax 574-247-6060
www.diabeteshealthservices.org