



Rutland Diabetes & Endocrinology Center

A Department of Rutland Regional Medical Center

8 Albert Cree Drive
Rutland, VT 05701
802.775.7844
802.775.9017 fax

REFERRAL FORM

Name: _____ DOB: _____ SSN: _____ (last 4 digits)

Address _____

Preferred phone: _____

Primary Insurance Name: _____ Policy # _____ Group # _____

Secondary Insurance Name: _____ Policy # _____ Group # _____

Service Requested:

Date: _____

- Endocrine Consult with Endocrinologist
- Diabetes Education Only (Includes individual assessment with nurse educator & dietitian; group classes & individual follow-up for behavioral change goal review.)
- Both
- Free Pre-Diabetes Class
- Other _____ Preferred day/time for appointment: _____

DIAGNOSIS/REASON FOR VISIT:

Must be included to schedule appointment.

Referring MD Name: _____ Phone: _____

Referring MD Signature: _____ Date: _____ Fax: _____

****Before we can schedule the patient we need the following information on all patients please****

- Problem List
- Medication List
- Lab/X-ray Reports

Diabetes Education:

Medicare will cover up to 10 hours of diabetes education/calendar year for initial training for patients with diagnosis of diabetes who meet one of the following conditions:

- A fasting blood sugar greater than or equal to 126 mg/dl on two different occasions
- A two hour post-glucose challenge greater than or equal to 200mg/dl
- A random glucose test over 200 mg/dl
- An A1c of 6.5 or greater

Please include appropriate labs to substantiate diagnosis for all insurances.

For RRDEC office use only

- 30 min
- 45 min
- 60 min
- ASAP
- Routine
- Have patient bring films
- Have DI send films _____

Appointment Date/Time: _____

Mailed Info to Patient (date): _____

Form # 4440 Rev. 12/13

Patient Label