



**Education Prescription**

**Diabetes Self-Management Education (DSME) [1<sup>st</sup> box]  
 OR Medical Nutrition Therapy (MNT) [2<sup>nd</sup> box]**

**PLEASE CHECK ALL THAT APPLY AND FAX TO 443-849-8999.**

**THE PATIENT CANNOT BE SEEN WITHOUT A COMPLETED AND SIGNED PRESCRIPTION.  
 The Geckle Diabetes and Nutrition Center staff will call the patient to schedule the appointment.**

**Patient:** (last, first) \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Patient Phone Number:** \_\_\_\_\_ **Insurance:** \_\_\_\_\_

**PLEASE PROVIDE COPY OF MOST RECENT:**

**Labs (including basic metabolic panel, A1C, and lipids), History and Physical, and Patient Demographics**

**Diabetes Self-Management Education (DSME) (Diabetes nutrition information is included in DSME)**

**Diabetes Diagnosis:**

- |   |   |
|---|---|
| <input type="checkbox"/> Type 1 Diabetes Mellitus – Controlled (E10.9)    | <input type="checkbox"/> Type 1 Diabetes Mellitus – Uncontrolled (E10.65) |
| <input type="checkbox"/> Type 2 Diabetes Mellitus – Controlled (E11.9)    | <input type="checkbox"/> Type 2 Diabetes Mellitus – Uncontrolled (E11.65) |
| <input type="checkbox"/> Gestational Diabetes Mellitus (O99.810/ O24.410) | <input type="checkbox"/> Diabetes with Pregnancy (O24.319)                |

Duration of diabetes \_\_\_\_mo/yr       Newly diagnosed      A1C \_\_\_\_%      Date of A1C \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please check all that apply:**

- Type 2 diabetes individual education
- Type 2 diabetes Medicare follow-up for 2 hours of diabetes education post-classes (available annually per Medicare)
- Type 1 diabetes individual education
- Gestational diabetes/diabetes with pregnancy education
- Self-monitoring blood glucose training
- Nutritional Counseling/ Carbohydrate Counting
- Non-insulin injectable medication training: Medication/dose/times: \_\_\_\_\_
- Insulin pump introduction \_\_\_\_\_
- Insulin injection training: Insulin order/prescription (type/dose/times): \_\_\_\_\_
- Continuous Glucose Monitoring(CGM): Placement (95250)
- Continuous Glucose Monitoring(CGM): Interpretation (95251)

**Please check one:**

- I will adjust the patient's insulin doses/diabetes medications.
- I request the Certified Diabetes Educator to instruct the patient to adjust insulin up to 10% of the current dose as needed.

**IF THE PATIENT NEEDS INSULIN START/ DOSE ADJUSTMENT IMMEDIATELY, PLEASE CONTACT ENDOCRINOLOGY DIRECTLY**

**Medical Nutrition Therapy (MNT)**

- NON-DIABETES** nutrition education:
- Stage 3 Kidney Disease N18.30**
- Stage 4 Kidney Disease N18.4**

**PRINT Name:** \_\_\_\_\_ **Prescriber's Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Date:** \_\_\_\_\_