Times Diabetes Care Center
Diabetes Self-Management Education (DSME) Order Form

To refer patients for DSME, fax completed order form and copy of patient's recent labs to:
Times Pharmacy Diabetes Care Center - ***Oahu : (808) 832-8268 Maui: (808) 661-8002***

Patient Information

Patient's Last Name _____ First Name _____ Middle Initial _____

Date of Birth: _____ Gender: ☐ Male ☐ Female

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Other Phone _____ Email Address _____

DIAGNOSIS

Please send recent labs for patient eligibility & outcome monitoring

☐ Type 1 ☐ Type 2
☐ Gestational ☐ Pre-Diabetes

Diagnosis code _____

Comorbidities/Complications

Check all that apply:

☐ Hypertension ☐ PVD ☐ Obesity
☐ Neuropathy ☐ Stroke ☐ Pregnancy
☐ Kidney disease ☐ CHD ☐ Dyslipidemia
☐ Retinopathy ☐ Mental/affective disorder

Other: _____

Definition of Diabetes (Medicare)

Medicare coverage of DSME requires the physician to provide documentation of a diagnosis of diabetes based on one of the following:

- a fasting blood sugar greater than or equal to 126 mg/dl on two different occasions;
- a 2 hours post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions; or
- a random glcose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.

Source: Volume 68, #216, November 7, 2003, page 63261/Federal Register

Other payors may have other coverage requirements.

Patients with Special Needs

Check all special needs that apply

☐ Vision ☐ Hearing ☐ Physical
☐ Cognitive Impairment ☐ Language Limitations ☐ Other: _____

Notes:

Medicare Coverage: 10 hrs initial DSMT in 12 month period from the date of first class or visit

Physician Signature: _____ Date: _____

Address/Phone: _____

To download a PDF version, please go to : **www.TimesHawaiiPharmacy.com**