



Diabetes Practice for Children, Young Adults and Diabetes in Pregnancy

www.DownEastDiabetology.com
845 Johns Hopkins Dr., Suite B
Greenville, NC 27834
Phone: 252-689-6303
Fax: 252-689-6304

We appreciate this referral. Please complete the top half of this form and fax to (252) 689-6304. We will gladly contact the patient, schedule the appointment and fax this completed form back to you.

Patient Name: _____ DOB: _____

(If under 18 y.o.) Parent/Guardian Name: _____

Address: _____ Phone Numbers: (cell) _____
_____ (home) _____

Insurance Company: _____ Email: _____

(For Medicaid, NPI: _____ # of Authorized Visits: _____)

Type of Diabetes:

- Prediabetes Type 1 Diabetes Type 2 Diabetes Gestational Diabetes Unknown or New Onset

Referring Provider Name: _____ Referral Coordinator Name: _____

Practice Name: _____

Practice Address: _____ Phone Number: _____
_____ Fax Number: _____

Office notes will be sent to the referring provider promptly after the clinical visit.

To be completed by Down East Diabetology and faxed back to the referring office:

Scheduled Patient Appointment Time: _____

Patient notified by: _____

Phone call on: _____

Letter mailed on: _____

Referring provider office notified on: _____

Thank you for this referral.

Driving Directions to Down East Diabetology

We are located near the Vidant Medical Center.
For more information, you may call the office
at **252-689-6303** or visit the website at
www.DownEastDiabetology.com.

