

Huntsville Hospital
Diabetes Control Center
Diabetes and Pregnancy Education
1963 Memorial Parkway SW, Huntsville, AL 35801
Scheduling Fax (256) 801-6222 Phone 256-801-6283



Patient: _____ D.O.B. _____
Phone: _____ Email: _____

Due to the results of your glucose test, you have been referred for Diabetes & Pregnancy Education. This appointment will last approximately 1 ½ hours.

Your Individual Diabetes and Pregnancy Appointment has been scheduled for
Date: _____ Time: _____

- **Patients should check with their insurance company to find out which glucose meter is preferred. It is advisable to bring it to the appointment. Physicians please send Rx to pharmacy for meter and testing supplies.**
- **Paperwork for visit [www.huntsvillehospital.org>services>A-Z](http://www.huntsvillehospital.org/services/A-Z) Diabetes Control Center.**
Download new patient packet for pregnant patients
- **Arrive at Medical Mall registration as scheduled.**

Physician please provide diagnosis below:

- 024410 Gestational diabetes in pregnancy, diet controlled
- 024414 Gestational diabetes in pregnancy, insulin controlled
- 024019 Pre-existing diabetes mellitus, type 1, in pregnancy, unspecified trimester
- 024119 Pre-existing diabetes mellitus, type 2, in pregnancy, unspecified trimester

Other _____

MD orders for ___ glucose testing fasting & 2 hr after meals
 before meals & bedtime
___ insulin instruction Type _____ Dose _____ Time _____

**Provider Signature _____ Date _____ Time _____

**Provider Printed Name _____

If NP, please include MD name _____

Please call 256-265-3069 if you have any questions.