DIETITIANS ᴀᴛ HOME™

PHYSICIAN'S ORDER
STANDING LAB WORK ORDERS

Patient Name	Patient Phone Number

Patient Address	DOB

City	State	Zip

Effective Date	Patient Insurance Number

QUALIFYING DIAGNOSIS – CHECK ONE

__E10.65 Type 1 DM w/ Hyperglycemia	__E11.65 Type 2 DM w/ Hyperglycemia
__E10.8 Type 1 DM w/ Unspec. Complications	__E11.8 Type 2 DM w/ Unspec. Complications
__E10.9 Type 1 DM w/o Complications	__E11.9 Type 2 DM w/o Complications
__E10.__ Type 1 DM other	__E11.__ Type 2 DM Other

__ N18.____Chronic Kidney Disease, Not On Dialysis	Please Specify Stage of CKD

LAB ORDER AND FREQUENCY CHECK APPROPIRATE BOX

	EVERY 3 MONTHS (1)	EVERY 6 MONTHS (1)	ANNUALLY / YEARLY (1)	OTHER FREQUENCY BELOW
Hgb A1c, finger stick				
Lipid Panel				

(1) This is a Standing Lab Order good for the calendar year of the start date

Physician Signature	Date

Physician Name	Physician NPI

Physician Address	Physician Phone

City	State	Zip	Physician Fax: