



Diabetes Education Program

Insulin Order/Diabetes Medication Recommendation(s)

Upon completion of an assessment by the Diabetes Education Program, the following insulin/diabetes medication recommendation(s) has/have been made:

Pt. Sticker

Insulin Order:

- Discontinue: _____
- Initiate: _____
- Change: _____

Diabetes medication:

- Discontinue: _____
- Initiate: _____
- Change: _____

Completed by Diabetes Nurse/Dietitian Educator:

Name: _____ **Signature:** _____

IF IN AGREEMENT WITH THE ABOVE, PLEASE COMPLETE THE DETAILS BELOW, AND RETURN TO THE DIABETES EDUCATION PROGRAM BY FAX

Bracebridge Site: 705-645-3983 or **Huntsville Site: 705-789-0073**

PCP signature: _____ **Date:** _____

Note, please either:

- Fax prescription incorporating changes to patient's pharmacy; or
- Provide a prescription direct to patient (patient to fill prior to appointment)

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