



**Jefferson**<sup>™</sup>  
HEALTH IS ALL WE DO

Philadelphia, PA 19107  
215-955-2397

**Class Referral  
Physician Order for Diabetes Education  
At the Jefferson Diabetes Center**

This form **MUST** be completed by your physician prior to your attendance at the first class

To assist my patient, \_\_\_\_\_, (date of birth \_\_\_\_\_) in the management of his/her diabetes, please enroll him/her into the outpatient diabetes self-management education program. This program should include the following components:

10 hours of DSME including the following:

- Initial assessment
- 3-week core group classes
- follow-up sessions after completion of core classes

Hemoglobin A1C \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_

MD/DO/CRNP/PA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MD/DO/CRNP/PA Name (Please print clearly) : \_\_\_\_\_

Address: \_\_\_\_\_

Philadelphia, PA \_\_\_\_\_

Call 1-800 JEFF NOW (1-800-533-3669) to register for this program. There is no cost for this program. Please bring this form to the first class.