

# Physician Diabetes Consultation Form



Gene W. Hirschfeld School of Dental Hygiene  
4608 Hampton Blvd.  
Norfolk, Virginia 23529-0499  
Phone: (757) 684-308  
Fax: (757) 683-970

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please complete all parts of the following form, sign, and fax back to  
757-683-3970\***

Date of last A1c test \_\_\_\_\_ A1c Result \_\_\_\_\_

Patient interval of A1c testing required by physician (please check)  
Every 3 months    Ever    Ever  
P13.7 (r)-4 o phya c Pduiin