Iowa Diabetes and Endocrinology Center (IDEC)
411 Laurel, Suite 3262
Des Moines, Iowa 50314
Referral Phone: (515)643-5127
Referral Fax: (515)643-5541
www.ideciowa.org

IDEC Referral Form

Thank you for your referral. To ensure we obtain the necessary information for new patient visits, please complete the form below. ***Fax the completed form AND the previous 3 years of office visits, a current medication and allergy list, relevant lab tests, X-rays, scans, ultrasounds and biopsy reports to (515) 643-5541.*** We will contact you (or your patient) when all documents are received with an appointment time. **Please denote reason for urgency on your referral form.**

Patient name: _____DOB:_____

Address: _____

Primary Phone: _____ Work: _____ Cell: _____

Insurance information: _____

Reason for referral/consult:

_____

☐ URGENT (requires a provider to physician call at 877-886-3729)

☐ Within 4 Weeks ☐ Routine

REQUESTING PHYSICIAN/ARNP/PA-C INFORMATION:

Name: _____ NPI#:_____

Address: _____

Phone: _____ Fax:_____

Signature: _____Date:_____

☐ **Patient is aware of the referral and reason for endocrine consult.**

FOR OFFICE USE ONLY

Appt. Date/Time: _____Scheduled by:_____Date:_____

IDEC Provider: _____Patient/Office notified/Date:_____

06/2016 hb