

Valley Medical Laboratories

Fax: 250-862-2843

Phone: 250-763-4813

**DIABETES PROGRAM
STANDING ORDER
REQUEST FORM**
(Revised 2018 12)



PHYSICIANS: Please use this form to register patients in the diabetes program.

Please note that the program is limited to those patients who attend laboratories in the Central Okanagan, i.e. Winfield to Peachland.

After completion, please return this form to us by fax.

Please contact us if you require further information about this program.

Thank you for your participation,

L. Argatoff, MD, FRCPC

Director, Valley Medical Laboratories



To: Valley Medical Laboratories

Re: Name: _____

Fax: 250-763-4813

DOB: _____

PHN: _____

1. Registration (choose one):

Please indicate how we should register this patient, considering whether or not long-term benefit might be expected from regular testing.

Register this patient as a NON-PARTICIPANT.

(It is helpful to register all diabetic patients. Registering a patient as a non-participant allows us to customize future searches for non-registered patients, and to provide you an annual list of registered participants and non-participants.)

Register this patient as a PARTICIPANT.

Ticking this box confirms a standing order for the following tests and frequencies:

- A1C.....every 3 months
- Urine Albumin/Creatinine Ratio annually
- Creatinine (eGFR) annually
- Lipids (fasting is optional) annually
- Verification of glucometer accuracy..... annually

2. Lipids

Please indicate your preference for lipid testing for this patient:

- Lipid panel (fasting is optional)
- Apo-B

3. Signed (and/or office stamp with MD name): _____

4. Date: _____

5. Please send copies of results to (specify): _____