

# Diabetes and Oral Health

## FAX REFERRAL SHEET

From: Enter Referring Dentist name and contact info

To: Physician name and contact info

Date: Enter Date

Re: Prediabetes Screening for Patient Name

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\_\_\_\_\_ took the Prediabetes Risk Screening and scored 5 or higher.  
(Patient Name)

I am referring them to you for any necessary follow-up you recommend.

I have provided them with a handout on diabetes risk factors and the oral health connection.

I have their contact information listed below:

Patient Name: \_\_\_\_\_

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

Patient City, State, Zip: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Patient Email: \_\_\_\_\_