

DIABETES TYPE II WORKSHEET

NAME: _____ **DATE:** _____

Patient Identifier: _____ **Referring Physician:** _____

RADIOLOGY:

NONE RECOMMENDED

LABS:

____ CBC, CMP, PT, PTT

STANDARD DIABETES TYPE II LABS:

SPECIMENS TO BE SENT TO YOUR REGULARY CONTRACTED LAB:

	CPT CODES
____ Lipoprotein profile (either VAP™ or NMR method)	83704
____ Triglycerides	84478
____ Total Cholesterol	82465
____ HDL-C	83718
____ Low-density lipoprotein (LDL)-C	83721
____ LDL-C particle size	83704
____ Insulin	83525
____ IL-6	83519
____ C-peptide	80432
____ C-reactive protein	86140

TEST FREQUENCY: _____ **IMMEDIATELY**

ICD-9 CODES

Diabetes Type 2 (Controlled)	250.00
Diabetes Type 2 (Uncontrolled)	250.02