



Kentucky Diabetes Endocrinology Center

Dr. Lyle Myers; Dr. Wendell Miers; Jacquelyn Baker, PA-C; Rebecca Tweardy PA-C

Phone: 859-278-2232

Fax to: 859-278-1543

Today's Date: _____

Patient: _____ DOB: _____

Diagnosis (NO CODES): _____ *FULL* Social Security: _____

Referring Provider: _____

Phone Number: _____ Fax Number: _____

We must receive this form, demographic information, insurance information (PRIMARY AND SECONDARY), office notes, labs and scans to schedule and appointment.

You will need to notify your patient of the appointment date and time.

Request Received: _____ Appointment With: _____

Appointment Date: _____ Appointment Time: _____

Appointment Scheduled By: _____

Please let your patient know that we will mail them a New Patient Packet to be completed and brought with them to their appointment.

ALSO PLEASE ADVISE THEM TO COME 15 MINUTES EARLY FOR THEIR FIRST APPOINTMENT

*******WE NO LONGER ACCEPT NEW MEDICAID PATIENTS*******