

## My Visit Planner

My plan for making the most of my diabetes education and care appointment:

Date of appointment:		
Name of care provider:		
I will bring along:	<input type="checkbox"/> My blood glucose meter <input type="checkbox"/> My blood glucose log book <input type="checkbox"/> My food diary <input type="checkbox"/> My physical activity log book	<input type="checkbox"/> A list of my medications <input type="checkbox"/> A record of any tests or examinations I had other than in my doctor's office/clinic
I will check to see if I need to have any tests done before my next visit:	<input type="checkbox"/> A1C <input type="checkbox"/> Dilated eye exam <input type="checkbox"/> Cholesterol and triglycerides	<input type="checkbox"/> Urine test of protein to check my kidney function
Questions to ask:	1. .... ..... 2. .... ..... 3. .... .....	

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**Medicare Part B patients:** Call **1-877-231-5199** and mention reference code **ED06500** to order your diabetes testing supplies.  
**Web site:** [www.RxSolutions.com/diabetes](http://www.RxSolutions.com/diabetes)

The information in this educational tool does not substitute for the medical advice, diagnosis or treatment of your physician. Always seek the help of your physician or qualified health provider for any questions you may have regarding a medical condition.

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