





Patient Name:



Please sign up for: Diabetes Prevention Program Diabetes Self-Management Education and Support Medical Nutrition Therapy	Please sign up for: Diabetes Prevention Program Diabetes Self-Management Education and Support Medical Nutrition Therapy
PROGRAM INFORMATION	PROGRAM INFORMATION
Printed Provider Name Date	Printed Provider Name Date
Learn more at: https://prd.chfs.ky.gov/KYDiabetesResources/	Learn more at: https://prd.chfs.ky.gov/KYDiabetesResources/
*For insurance purposes, a signed referral from your healthcare provider may be required	*For insurance purposes, a signed referral from your healthcare provider may be required
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Diabetes Prevention Program	Diabetes Prevention Program
Diabetes Self-Management	Diabetes Self-Management
Education and Support	Education and Support
Medical Nutrition Therapy	Medical Nutrition Therapy
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