RECOMMENDATION FORM





program. Make a	lation for an adult patient to copy and provide the complis/her local program for mor	-
(First Name)	(MI)	(Last Name)
Is recommended for enro following eligibility criteri	Ilment in the PreventT2 lifestyle	change program based on the
✓ Diagnosis of prediction ✓ Diagnosis of pr	osis of type 1 or type 2 diabete abetes in the past year or GDM	based on (check one or more) load): 140-199 mg/dL
	Health Care Provider Infor	rmation
Signature:		Date:
Name:		
Address:		
Phone:		

diabetes in high-risk patients.

PreventT2 is part of the National Diabetes Prevention Program, led by the Centers for Disease Control and Prevention (CDC). It is a proven program to prevent or delay type 2

For more information, contact your local PreventT2 program at: