



## Important Diabetes Contact Information from The College Diabetes Network

**Endocrinologist:** \_\_\_\_\_

Office Phone: \_\_\_\_\_

Direct Line: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_  
\_\_\_\_\_

Front Desk Phone: \_\_\_\_\_

**CDE:** \_\_\_\_\_

Office Phone: \_\_\_\_\_

Direct Line: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_  
\_\_\_\_\_

Front Desk Phone: \_\_\_\_\_

**Health Insurance Provider:**  
\_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Prescription Insurance Provider:**  
\_\_\_\_\_

Prescription Insurance Carrier: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Insulin Supplier:** \_\_\_\_\_

Supply Duration: \_\_\_\_\_

Website: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Sharps (syringes, pen tops, etc.) Supplier:**  
\_\_\_\_\_

Supply Duration: \_\_\_\_\_

Website: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Pump Supplier:** \_\_\_\_\_

Supply Duration: \_\_\_\_\_

Website: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**CGM Supplier:** \_\_\_\_\_

Supply Duration: \_\_\_\_\_

Website: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Strips/Meter Supplier:** \_\_\_\_\_

Supply Duration: \_\_\_\_\_

Website: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Campus Health Center:** \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Office Address: \_\_\_\_\_  
\_\_\_\_\_

Direct Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



# Important Diabetes Contact Information

from  
**The College Diabetes Network**

**Campus Police:** \_\_\_\_\_  
Location: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**Local Hospital 1:** \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Website: \_\_\_\_\_

**Local Hospital 2:** \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Website: \_\_\_\_\_

**Urgent Care:** \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Website: \_\_\_\_\_

**School Pharmacy:** \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Website: \_\_\_\_\_

**Disabilities Services:** \_\_\_\_\_  
Location: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website: \_\_\_\_\_

**Campus Housing:** \_\_\_\_\_  
Office Location: \_\_\_\_\_  
Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Direct Line: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Office Name: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Front Desk Phone: \_\_\_\_\_

**Dentist:** \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Direct Line: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Office Name: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Front Desk Phone: \_\_\_\_\_

**Dermatologist:** \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Direct Line: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Office Name: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Front Desk Phone: \_\_\_\_\_

**Home Pharmacy:** \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Address: \_\_\_\_\_



## Important Diabetes Contact Information from The College Diabetes Network

Website: \_\_\_\_\_

**Doctor 1:** \_\_\_\_\_

Area of Expertise: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Direct Line: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Front Desk Phone: \_\_\_\_\_

**Doctor 2:** \_\_\_\_\_

Area of Expertise: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Direct Line: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Front Desk Phone: \_\_\_\_\_

**Doctor 3:** \_\_\_\_\_

Area of Expertise: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Direct Line: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Front Desk Phone: \_\_\_\_\_