

Community Diabetes Alert Program- Vehicle Window Sticker

Sponsors: Saint Thomas Health Services, Wellmont Health System, Mountain States Health Alliance

Keep this form with your driver's license for verification.

Sticker Number: _____

Patient Name _____ Date _____

Address _____

City/State/Zip Code _____

Date of Birth _____

Phone# _____ Alternate# _____

Diagnosis:

Diabetes Type 1

Diabetes Type 2

Please give this order to the patient to be exchanged for the Diabetes Alert Sticker at one of the following locations:

Baptist Hospital Diabetes Center
2010 Church Street, Suite 201
Nashville, TN 37203
615-284-2800

Community Medicine
Saint Thomas Health Services
2011 Hayes Street
Nashville, TN 37203

Middle Tennessee Medical Center
Diabetes Center
Murfreesboro, TN
615-895-9475

For more information and locations, visit www.baptisthospital.com/diabetes, www.mtmc.org/diabetes or mydiabetesalert.com

Phone# _____ Fax # _____ Date: _____

Physician (please print): _____ Physician Signature: _____

OR
Authorized Diabetes Representative Signature: _____